	613-110:006-385	Form V. S. No. 11-C-25m-7-21-19
	RECEIVED RECEIVED	STATE OF IDAHO IREAU OF VITAL STATISTICS
4		RTIFICATE OF BIRTH
RECORD nade for ea	City of Polu of for BUREAU OF VITA	
	No. 14. As Flant St.	THE TIVE
E P	Hospital Primary Registration	District No. 007 Registered No. 226
)ING. PERMANENT FURN must be stated.	FULL NAME OF CHILD	Walnu -
N A PL	Sex of Child Mull. Twin and Sex of Child Mull. Number in order or other? Sex of birth (To be answered only in event of plural birth order)	the) Legiti mate? To Date of Min 10 13/19 (Your)
FT	FATHER NAME Swin Water	MAIDEN MOTHER MOTHER NAME MANY, Through
	Poludipo & Deloho	Pola Myoch
	COLOR AGE AT LAST 2/ BIRTHDAY (Years)	Judion AGE AT LAST 2/ BIRTHDAY (Years)
[ARGIN RESER') WITH UNFADING han one child at birth d the number of each	BIRTHPLACE	BIRTHPLACE Sta Styal
GIN H U	OCCUPATION	OCCUPATION
MAR. WIT.	Number of child of this mother, including present birth/ Numbe	r of children of this mother new living, including present birth
M/ LY v re the	CERTIFICATE OF ATTENDING	
PLAINLY se of more a	I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn)
	on the date above stated.  *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is (Signature)	4. 11smittell m. D.
WRITE !.—In ca	one that neither breathes nor shows other evidence of life after birth.	
z	Given names added from a supplemental report.	Polacifor Long
	Filed	ely 8 1. 21 Mo Malus E. Tabu
	Registrar	T Registrar

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PLACE OF DEA' County of Frankl		LIC WELFARE STATISTICS	DO NOT WRITE IN	THIS SPACE
City of Preston	CERTIFICATE C	F DEATH	State File No	12181
	Registration District No	27	y-s.	
	Primary Registration Distric	t No.2/19	Local Registrar's No	2
(If donth	(No		)	1
	occurred in a hospital or institution, gi tillborn Ames	ve its name instead	of street and number)	206
	0			
ii (Usuai piace o	f abode) y or town where death occurred. yrs.	(Tf manna	sident give city or town	and state)
	STATISTICAL PARTICULARS	1	AL CERTIFICATE OF D	
3. SEX 4. Colo	r or Race 5. Single, Married, Widow-		ATH (month, day and ye	3/37
Male Whi	ite ed or Divorced (write the	221 I HEREBY C		
5a. If married, widowe HUSBAND of	d, or divorced	Jan 13	1935 to Ju	13 193
(or) WIFE of 6. DATE OF BIRTH (	month, day, and year)	I last saw	live on	death /s
	nonth day, and year) Jan 13,1935	. H. 1971	on the daye stated abov	
7. AGE Years	Months Days If LESS than 1 day, hrs	4		Date of o
8. Trade, profession,	Stillborn or min	Vosalusa	as ne motori	ما ممه
II 6 kind of work do	ne, as spinner, per, etc			
sawyer, bookkee  9. Industry or busin work was done.	ness in which as silk mill.			
saw mill, bank,	ast work- 11. Total time (years)			
ed at this o (mo. and yr.)		Other contribut	ory causes of importance	e:
12. BIRTHPLACE (cit		- <b> </b>		• • • • • • • • • • • • • • • • • • • •
(State or count		-		
	1 Ames	Name of operatio	n	Date of
State or co	city or town)	_	ned diagnosis? Was t	
15. MAIDEN NAME	Drusilla Hillman	i the following:	due to exter'l causes (vi	
16. BIRTHPLACE	(city or town). Swan Lake	Accident, suicide,	or homicide? Daty occur?	
(State or co	Owan Ames Idaho	_   (S	pecify city or town, cou-	nty, and state
17. INFORMANT (Address)	Oxford Idaho	' 11 '	injury occurred in indus	
18. BURIAL, CREMAT	on or removal Jan 13, Jan 14,	H	y	
	None		or injury in any way re	
19. UNDERTAKER (Address)	MATE	of deceased?	If so, stjecky.	ani
20. FILED Jub. Y.	, 198 5 To W. Jake	(Signed) (Address	Park	
	Rogistrar.		7770000	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I •		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
	·			

STATE OF IDAHO PLACE OF DEAT DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No. PHYSICIAN Registration District No .. Primary Registration\_District N Local Registrar's No name instead of street and number) (a) Residence. No..... (Usual place of abode) (If nonresident give city or fown and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BLATH (month day and to have occurred on the dall stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Months tance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ... occupation 12. BIRTHPLACE (city (State or coun-13. NAME Name of operation 14. BIRTHPLACE (city or Was there an autopsy (State or country) 23. If death was due to exter'l causes (violence) fill in also MOTHER 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city There did injury occur?..... (State or count) (Specify city or town, county, and state) Specify whether in jury occurred in industry, in home, or in 17. INFORMANT (Address) public place, ...... REMOVAL Manner of injury Date Nature of injury. 24. Was disease or 19. UNDERTAKER (Address) of deceased? (Signed

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

RECEIVED APR 12 1991 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE ARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No..... Registration District No .... Primary Registration District N Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single. Married, Widow--8<sub>193</sub> € 21. DATE OF DEATH (month, day and year) . 3 ed or Divorced (write the That I attended deceased from ba. If married, widowed HUSBAND of (or) WIFE of 193...: death is said 6. DATE OF BIRTH (month, to have occurred on the date stated above, at 9.3017.m. The principal cause of death and related causes of impor-. AGE Years If LESS than Days Date of onset 1 day, ... hrs. .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation..... Date of...... 14. BIRTHPLACE (city or town What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: ccident, suicide, or homicide?... Date of injury... 193. Q F 16. BIRTHPLACE (city or town Where did injury occur?..... OCCUPATION (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) de place. Manner of injury ... Nature of injury .... Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) 20. FILT (Address)

RECORD. Every item

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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FXAMPLE

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10.—The month and year the deceased last worked at the occupation.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 00 Registration District No... Primary Registration District No......3 (No. .... (If death occurred in a hospital or institution, give its name instead of street and number) FULL NAME (X) (a) Residence. No.... (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS BINDING 3. SEX 4. Color or Racei 5. Single, Married, Widowed or Divorced (write the word 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw ha.all AGE Days If LESS than tance were as follows: 1 day,... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). 4 (State or country) 15. MAIDEN NAME AUSE OF ATTON is 16. BIRTHPLACE (city or town) Where did injury occur?.... (State or country) state CAUSE 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) WRITE 18. BURIAL CREMATION 19. UNDERTAKER (Address) (Signed) ......

DO NOT WRITE IN THIS SPACE State File No. Local Registrar's No. 206 (If nonresident give city or town and state) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Date of onset Other contributory causes of importance:

Name of operation...... Date of........

What test confirmed diagnosis?.... Was there an autopsy?.. 23. If death was due to exter'l causes (violence) fill in also

the following: Accident, suicide, or homicide?..... Date of injury.., 198.

(Specify city or town, county, and state)

public place. Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If go, specify.....

(Address

Registrar.

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Other CONTRIBUTORY CAUSES of importance:	!	Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
	·			
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

IN STATE WAY STATE OF IDAHO CORD. Every item of PHYSICIANS should DO NOT WRITE ACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. DEATH CERTIFICATE State File No 76 Local Registrar's No..... Primary Registration District Ng..... RECORD. (If death occurred in a hospital of institution, give its name instead of street and number) 2. FULL NAME..... Residence. No..... (If nonresident give city or town and state) (Usual place of abode) RMANENT ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow-21, DATE OF DEATH (month, day and yearland ed or Divorced (write the 22. I HEREBY CERTIFY, That I attended degased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, dat and year) to have occurred on the date stated above, at ......m. nar The principal cause of death and related causes of impor-If LESS than 7. AGE Months Days ce were as follows: 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ...... term supplied 10. Date deceased last work. 11. Total time (years) Other contributory causes of importance: ed at this occupation spent in this (mo. and yr.) ..... occupation ... UNFA 12. BIRTHPLACE (city or town (State or country) 13. NAME What test confirmed diagnosis?.... Was there an autopsy?... 14. BIRTHPLACE (cit 9) or tow (State or country) 23. If death was due to exter'l causes (violence) fill in also DE the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury.., 193. OF 16. BIRTHPLACE (city or tow Where did injury occur?..... (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT public place. ..... (Address) Manner of injury...... 18. BURIAL, **EREMA** Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER of deceased ? (Address) (Address)

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			<del>,</del>	
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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No PHYSICIAN Registration District No..... Primary Registration District No. 2/9 6 RECORD (No. .... (If death occurred in a hospital of institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ₹7., 1937..: death is said 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years If LESS than Days tance were as follows: Date of onset 1 day,... hrs. .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ...... OCCU 10. Date deceased last work- 11. Total time (years) at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ... occupation 12. BIRTHPLACE (city or town). (State or country) MOTHER FATHER 13. NAME 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 딘 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town).. Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT nformation (Address) public place. ..... 18. BURIAL, CR Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) 20. FILED & (Address)

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**EXAMPLE 1** 

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11.—The number of years the deceased followed the occupation.

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EVAMBLE II

		DAAMI LE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

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from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home.
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ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN	
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City of Boise. CERTIFICATE OF DEATH  Registration District No	381  381  and state) yrs. mos. ds.
City of Boise. CERTIFICATE OF DEATH  Registration District No.  Primary Registration District No.  (No. St Lukes Hospital.  (If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME Janice Ann Stevenson.  (a) Residence. No. 2300. Leadville Street.  (Usual place of abode)  (If nonresident give eith on towns.)	381  and state) yrs. mos. ds.
Registration District No	and state) yrs. mos. ds. TH
Primary Registration District No. 100 4 Local Registrar's No	and state) yrs. mos. ds. TH
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(Usual place of abode) (If nonresident give of the or town of	TH
(Usual place of abode) (If nonresident give of the or town of	TH
	TH MOSS
	a Miss
3. SEX 4. Color or Race   5. Single Married Widow-	deceased from
ed or Divorced (write the 21. DATE OF DEATH (month, day and year)	deceased deser-
Female. White. word Single. 22. I HEREBY CERTIFY, That I attended	ucceased Irom
HUSBAND of	193
6. DATE OF BIRTH (month, day, and year) December 14.1935.  I last saw h alive on	: death is said
7. AGE Years Months Days II LESS than 1 day The principal cause of death and related causes were as follows:	
or min.	Date of onset
sawyer, bookkeeper, etc.	
work was done, as silk mill,	***************************************
kind of work done, as spinner, None sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent in this Other contributory causes of importance:	***************************************
ed at this occupation spent in this occupation occupation occupation spent in this occupation spent in this occupation occupation spent in this occupation occupation spent in this occupation occupation occupation occupation occupation spent in this occupation occu	•
12. BIRTHPLACE (city or town) Boise, Idaho.	***************************************
(State or country)	***************************************
13. NAME Kenneth Stevenson.  14. BIRTHPLACE (city or town) Rupert, Idaho, What test confirmed diagnosis? Was there a	Date of
14. BIRTHPLACE (city or town) Rupert, Idaho, What test confirmed diagnosis? Was there a	
23. If death was due to exter' causes (violence)	fill in also the
following: Accident, suicide, or homicide? Date of i	injury, 193
15. MAIDEN NAME Ann Judd.   following: Accident, suicide, or homicide?	and state)
Kenneth Stevenson. Specify whether injury occurred in industry.	in home, or in
(Address) 2300. Leadville Street. public place.	
18. BURIAL, CREMATION OR REMOVAL Manner of injury	
Nature of injury	
19. UNDERTAKER Summers Funeral Home.  (Address) Bolse, Idano.  (Address) Bolse, Idano.  24. Was disease or injury in any way related to deceased?	
20. FILED 2 - / 6193.5 Registrar. (Signed) (Address)	У., м. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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		HER STATEMENTS, BY PHYSICIAN			
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.... 193...: death is said

..... Date of......

(Address) ......

Date of onset

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Gallstones.	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	. Hill of the stage of the stag	

STATE OF IDAHO PLACE OF DEATH should state OCCUPA-DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH City of. State File No Every tration District No..... PHYSICIANS Frimary Registration District No. 20/6 Local Registar's No. statement RECORD. (If death occurred in a hospital or institution give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) PERMANENT Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH classified. 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH MOOCH day and Vear) BINDING ed or Divorced (write the 193 \$ word) 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of properly (or) WIFE of alive on..... 6. DATE OF BIRTH (month, day, and year) 2 to have occurred on the date stated above, at ...... 7. AGE Years Months If LESS than Days. The principal cause of death and related causes of importance UNFADING INK-THIS should 1 day ..... hrs. were as follows: or ..... min. Date of ones Henon may 8. Trade, profession, or particular OCCUPATION back kind of work done, as spinner. AGE sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last work- 11. Total time (years) See instruction carefully supplied. ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... terms. 12. BIRTHPLACE (city or town) (State or country) 13. NAME -CAUSE OF DEATH in plain Name of operation..... ..... Date of... What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (city or town) very important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the nformation should be following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... 193.... Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country Specify whether injury occurred in industry, in home, or in 17. INFORMANT public place. (Address) 02 18. BURIAL, CD Manner of injury OR REMOVAL TION Nature of injury..... Date. M 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased? ..... (Address) (Signed) .... (Address) (Tules) Registrar.

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ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		
			***************************************	

MLLL - 1 46 . DEPARTMENT OF IDAHOLA PLACE OF BIRTH County of LAA BUREAU TELL STATISTICS City of Mendian CERTIFICATE OF BIRTH No..... State File No. 27836 Registration District No. (If born in hospital or institu-Prim. Registration District No. 2013 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD N. B.-[f plural 8. Date of 3. Sex births 5. Number, in order of birth.... Full term..... mate?... ö 9. Full FATHER MOTHER 18. Full number name maiden name mendian 10. Regidence (usual place of abode) Mendie 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 13. Birthplace (city or place) Mendian 22. Birthplace (city or place) Adelu (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper, / CUPATION OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. made work was done, as own home. lawyer's office, silk mill, etc. æ 25. Date (month and year) last engaged in this work 16. Date (month and year) last engaged in this work 17. Total time (years) spent M 28 1835 in this work // 440 1975 in this work 27. What prophylactic was used to prevent Ophthalnia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now deed. (c) Stillborn. Before labor. months or weeks 30. Cause of stillbirth 29. If stillborn. mo period of gestation. During labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Sulling at laum, on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from Address Mul de a supplemental report..... WRITE One chil Filed.. Registrar. toristrar.

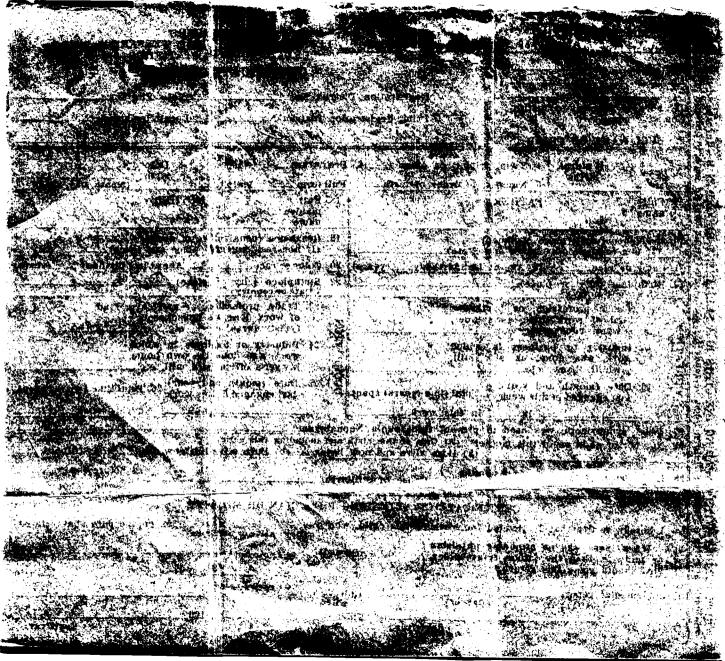
TO WHAT IN THE PARTY OF Marie de l'Annabelle A THE WAR SHOW OF STREET AS A STREET THE STATE OF THE OR ASSESSED. THE PARTY AND THE PARTY AND THE the state of the s THE PERSON NAMED OF THE PERSON property of the second of the Frankly to City of the Control of th MAN TO AND MENT OF THE SEASON The die on the many of the second the he specified to the about the All Land And Control ALL STATE OF THE S

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GP IDAHO DEPARTMENT PUBLIC WELFAR 28
BURBAU OF VEGAL STATISTICS 228 N. B.—In case of more the County of Hamuse CHY of Minus CERTIFICATE OF BIM No. 666-2041003 Registration District No. (If born in hospital or institu-Prim. Registration District No. 2/60 Local Registrar's No. 2 tion give name.) Munes 2. FULL NAME OF CHILD 7. La if plural 4. Twin, triplet, or other........... 6. Premature... 8. Date of births RECORD. 5. Number, in order of birth..... Full term & S. Full 18. Full MOTHER FATHER maiden name Dame 19. Residence (usual place of aloge) 10. Residence (usual place of shode) PERMANENT (If non-resident, give place and State)..... (If non-resident give place and State). 20. Color or race | 21. Age at less birthday 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeep and kind of work done, as spinner. typist, nurse, clerk, etc. OCCUPATION sawyer bookkeeper etc 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. sawmill bank, etc. 25. Date (month and year) 26. Total time (years) spent Date (month and year) last engaged in this work 17. Total time (years) spent ۾ must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FITH UNFADING Separate Retain 28. Number of children of this mother (At time of this birth and including this child) Before labor..... period of gestation or weeks 30. Cause of stillbirth. months 29. If stillborn, During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MINWES Zm. on the date above stated. I hereby certify that I attended the birth of this child, who When there was no attending physician ! (Signed) .... or midwife, then the father, householder, etc. should make this return. deuser Midwife Give name added from Address Registrar.



3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.)    June   June	l state CAUSE OF DEATH tions on back of certificate.	1. PLACE OF DEATH  County of Barnoch Primary Registration District No.  City of Warnet Laa (No.  If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME	State of Idaho BOARD OF HEALTH Bureau of Vital Statistics  File No		
	MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A I B.—Every item of information abould be carefully supplied. AGE should be stated EXA plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	OWED OR DIVORCED  (Write the word.)  6. DATE OF BIRTH   The control of the word.)  6. DATE OF BIRTH  The control of the word.  (Month) (Day) (Year)  7. AGE  IF LESS than 1 day how many	(Month)  17 I HEREBY CERTIFY, That I to that I last saw h alive on and that death occurred on the date star the CAUSE OF DEATH* was as follow (Duration)  (Duration)  (Secondary)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State the Disease Causing Death; or in death (1) Means of Injury; and (2) whether Accident 18. LENGTH OF RESIDENCE (For Transients or Recent Residents.)  At place of death the days. State Where was disease contracted if not at place of death?  Former or usual residence  19. PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL.  19  19  19  19  19  19  19  10  10  10	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere chopneumonia (secondary), 10 as. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be acceptained as the agust Always gnalify as "PLER" be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.
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FULL NAME OF CHILD Still Born	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE  BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  Tict No. State File No. 2  District No. Local Registrar's No. 2  bestitute the word "Splitbirth" for name of shild)
Sex of Twin Number in order or other? of birth (To be answered only in event of plural births)	Legiti- mate?  Month)  (Month)  (Day)  (Year)
What prophylactic was used to prevent Ophthalmia  Number of child of this mother, including present birth  Born alive but now dead	(a) Born alive and now living
FULL Lidney M Kalling Residence (Usual place of above) Blackfort July	FULL MOTHER MAIDEN NAME  Residence (Usual pace of abode)
It non-resident, give place and State  Color or race	If non-resident, give place and State.  Color or race
Occupation (City and State or County)  CERTIFICATE OF ATTENDIN	Occupation (Ctr and State or County)  G PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this on the date above stated.	gnature) Stillborn at
*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Physician or Date of the State of the 5 1933 Minustale of the Registrar.

Berington insuget Muney W Toron Man Waller of the West of the Company of th date to enten out the tell from any exhibitory months in Lecuri ACT ACT TO THE TOTAL TO THE TOTAL TO Plat ment start was access mercat delitibilities himmanning? Court and the mount instruction of the court hat you got and and Printeges Lical Boots shock THE STREET STORE SHEWING THE CONTROL OF THE PARTY IN THE PARTY IN en mantagen in of tegroes of tegroes CHARLESTER OF ATTRIBUTE OF PRINCIPLE UR ATT I hereby certly that I affected the tirth of this collid, who was bestill Della production of the "It bere if ere was ab utleasing streeting Charles of Salatic (15) to mildred . they the factor is beautiful. modelita A maint in the comes come calle to the backer blancher min though chier exidence of the after butter

7-103 Instate of Idaho occu-DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS PLACE OF DEATH BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH State File No. Registration District No. 21 Local Registrar's No .. Primary Registration District No. PHYSICIAN RECORD. (No. (If depth occurred in a hospital or institution, give its name instead of street and number.) Residence. No..... If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred ds. How long in U.S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, 21. DATE OF DEATH (month day, and year) on Divorced (write the word) HEBEBY CERTIFY, That I attended deceased from...... . 193....., to....... 193..... 5a. If maried, widowed, or divorced HUSBAND of 15 1935 death is said (or) WIFE of to have occurred on the date stated above, at .......m. 6, DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than Date of onset 7. AGE Years Months Days 1 day,......brs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... OCCUPATION 9. Industry or business in which work was done, as silk mill, saw mill, bank etc ..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this occupation..... this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME ant. What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) If death was due to exter icauses (violence) fill in also the following: import ij. MOTHER Accident, suicide, or homicide?...... Date of injury............ 193 15. MAIDEN NAME DEATH Where did injury occur?. 16. BIRTHPLACE (city or town)... (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury Nature of injury 199 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? Af so, specify (Address al Signed) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years on over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

859-106 R SS9-106 RECEIVED FEB 7-1935 In case of more than in order of birth stated. STATE OF IDAHO County of Ringham DEPARTMENT OF PUBLIC WELFARE BURRAU OF VITAL STATISTICS City of ... Blackfoot .. Route 5. CERTIFICATE OF BIRTH Registration District No. 121 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2194 Local Registrar's No. 4 Stillborn, unnamed Hernandes. 2. FULL NAME OF CHILD A. B.-If plural 4. Twin, triplet, or other.......... 6. Premature Yes. Legiti-3. Sex 8. Date of births Jan. 6 birth..... 5. Number, in order of birth.... RECORD. -<del>Vole</del> mate?.... 9. Full FATHER 18. Full MOTHER name maiden Ramon Hernandez Michmacen Elvira Valade name 10. Residence (usual place of abode) Blackfoot, R. 3 19. Residence (usual place of abode) Blackfoot. 3 PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)\_\_\_\_\_ 11. Color or race... Mex | 12. Age at last birthday. 4. (years) 20. Color or race Mex. | 21. Age at last birthday 50 (years) 13. Birthplace (city or place) Mexico 22. Birthplace (city or place)... Hexico (State or country) each. (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, Housewife kind of work done, as spinner, Common COUPATION be made 24. Industry or business in which work was done, as own home. lawyer's office. silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) If stillborn, period of gestation & 2000 or weeks 30. Cause of stillbirth an ice. 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN ON ALDWIFE I hereby certify that I attended the birth of this child, who we horn dead at Ziam, on the date above stated. TE PLAINLY child at birth When there was no attending physician / O alle le M. D. (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report......(Date of) Address Blackfoot, Idaho. Registrar.

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B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

z

a district	IVFI	י עבט ל	- 1935				
<sup>1</sup> PLACI	E OF DE	ATH	DEPARTM		IC WELFARE	DO NOT WRITE IN T	HIS SPACE
County of	•	4		U OF VITAL		n.	105
City of Bl	ackfoot	24XR.Y			F DEATH	State File No.	<u> </u>
				District No12	• ·		0
		1			No. 2194	Local Registrar's No	
	Œ	f death occur	(No	<b>3lackfoot</b>	Idaho, R.F.D.	NO. 3. (itead of street and number)	00
2. FULL					ez.		$\sim$
(a) R	esidence.	NoBl	ekfoot	IdahoRout	.e3	St,	
4 (τ	Usual place	of abode)	where death oc	-	(If nonres	ident give city or town a in U.S., if of foreign birth?	
PERS	SONAL AN	D STATISTI	CAL PARTIC	ULARS	MEDICA	L CERTIFICATE OF DE	АТН
3. SEX	i	lor or Race	5. Single, Ma	rried, Widow- ced (write the	21. DATE OF DEA	TH (month, day and year	) Jan-6193 8
Male		xican	word) 🛥		22. 1 HEREBY CI	ERTIFY, That I attended	deceased from
HUSBA	ND of	wed, or divo	rced		_	., 19 <b>5</b> , toJan <sub>g</sub> .fi	
6. DATE C		(month, day		<u> </u>		ndeadJan 1935	
7. AGE	Years	Months Months	6 1935	If LESS than	The principal caus	on the date stated above, se of death and related ca	uses of impor-
	0	0	0	1 day, 0 hrs.	tance were as fo	ollows:	Date of onset
8. Trade		n, or particul done, as spin			Premature	.6.mo.in.utera	
Sawy	ser, bookke	eper, etc	<del></del> . <del></del> .				
S   work	k was done	iness in whi . as silk mill ., etc	,		Instap	e of lord	
5 10. Date	e deceased		11. Total time spent in th	e (years)			
(mo.	and yr.) .		occupation		Other contribute	ry causes of importance:	′
12. BIRTH	PLACE (ci	ity or town)	Blackfoo	t.Idaho.3.	wad 3	tad on	
					seel.		
13. NAN		city or tow	37	10	Name of operation Date of		
4 14. Bik	(State or c	country)			What test confirmed diagnosis? Was there an autopsy?		
15. MA	IDEN NAM	E Michr	acan Elvi	ra Valade	23. If death was due to exter'l causes (violence) fill in also the following:		
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, 198.  Where did injury occur?				
			Mexi	.00	1	ecify city or town, county, niury occurred in <b>industry</b>	
17. INFORMANT Ramon Hornandes		Specify whether injury occurred in industry, in home, or in public place.					
18. BURIAL, CREMATION OR REMOVAL  Place Blackfoot, Idaho. Date. Jan. 6, 1935.		Manner of injury					
Acting 19 UNDERTAKER Ramon Hernandez		24. Was disease of	many way revate	d to occupation			
(Ad	dress)		2 51	,-65	of deceased?	ft/so, secity	ZEE M.D
20. FILED	Jan6	, 193 <b>5</b> //	ps.f.fal	Registrar.	(Address)	Blackfoot, Idah	
l					<u> </u>		

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

The state of the s Police Box States District No. The second secon Total A THE STATE OF India to the of the manual FOR CHOM MELLE the control the fact of the second of the se temper a net term assessed in and a company to the company of the 22. Stramoot (uty or place) thomis in vita castilismi and a political of Moleculary And The Three writeship or panticular of their doue of preparations. time of more deals or signific. Avalet praye design televit and private mot see the work with dies is sale intil Aller Mile Soll in alconomic Like Market Harry the free could be and the control of the standard tailt intelly in 100 3 mer. Total rum exences storal for the work by the work John The Market State of the St The state of the s the falm the and now Wint ! Our Burn also will make what were deal sublished COPUL STANKE the published to see the control of CHARLES OF SELECTION AND SECRETARIES. between my base out to the the designation that it alternational black on the colds, when their Principle and addressed his constitution of the constitution of th burnes A THE SECOND CONTRACT. mare while sundy said awaralit F Supplied that the const The second secon

PLACE OF DEATH	STATE OF IDA DEPARTMENT OF PUBL		DO NOT WRITE IN T	HIG GPACE I
ounty of Bonner	WITTE BAYE OF THE		920	
City of Sandpoint	" CERTIFICATE O	F DEATH	State File No	~ ~ 1
or or white the same of the sa	Registration District No	78		
	Primary Registration District	***************************************		120
			Local Registrar's No	
(If death occurre	(No Parnell Hos ed in a hospital or institution, giv	e its name instead	of street and number)	مار
2. FULL NAME Infan				$\gamma^{\circ}$
(a) Residence. No	Sandpoint Rural		.st	
(USual place of abode	e) wn where death occurred. yrs. :	(If nonre	sident give city or town ar	id state) vrs. mos. ds
	ISTICAL PARTICULARS		AL CERTIFICATE OF DEA	
	ace 5 Single Married Widow			
Male White	ed or Divorced (write the word)	21. DATE OF DEA	ATH (month, day and year	)Jan.2093
5a. If married, widowed, or d		22. I HEREBY C	ERTIFY, That I attended	
HUSBAND of (or) WIFE of		····· such	elisa. Cron	, 193
6. DATE OF BIRTH (month,	day, and year)	1	live on, 193	
Jan. 26, 1935	·		on the date stated above, see of death and related ca	
	1 day, hrs.	tance were as	follows:	Date of onse
8. Trade, profession, or par	Stillbfrth. min.	011 1 -10	. I do es est	
kind of work done, as snwyer, bookkeeper, etc	gninner	In al all	aldpuvut	
9. Industry or business in	which			
work was done, as silk suw mill, bank, etc	**************************		,	
kind of work done, as snwyer, bookkeeper, etc 9. Industry or business in work was done, as silk suw mill, bank, etc 0. 10. Date deceased last wored at this occupati	on spent in this	Other contribut	tory causes of importance:	
(mo. and yr.)	occupation	Other Contribut	tory tauses of importance.	
12. BIRTHPLACE (city or to (State or country)				
V	Idano			.
	llen Morris	Name of operatio	n	Date of
14. BIRTHPLACE (city or (State or country)	town)	What test confirm	ned diagnosis Eliza Was ther	e an autopsy?
15. MAIDEN NAME Ru	th Schroonover	23. If death was	due to exter'l causes (viole	nce) fill in als
		the following: Accident, suicide,	or homicide? Date	of injury, 198
16. BIRTHPLACE (city of (State or country)	town)Topeka		y occur? pecify city or town, county	and state)
17. INFORMANT .J.am.es	A, Morris	11	injury occurred in industry	
(Address) Sandp	oint, Idaho R REMOVAL Pinecrest	public place		
	t. Idabo. Debi, 10,93,5	Manner of injur	y	
			or injury in any way relate	
19. UNDERTAKER . L. G. (Address) San	Jooint Tda	of deceased?	If so specify	
20. FILED Jan 31, 1935.		(Signed)	66 WEngle	M.
7 J	Registrar.	(Address)	fandfout	

### UNITED STATES STANDARD CERTIFICATE OF DEATH

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	i

STATE OF IDAHO -In case of more than in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of LOCALE BURRAU OF VITAL STATISTICS City of...... CERTIFICATE OF BIRTH 117 Registration District No. ...... State File No. (If born in bospital of institu-Prim. Registration District No. 2196 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD .. S. B. If plural 8. Date of B. Sex Mrths birth. metatia 5. Number, in order of birth..... Full term... Tennal 9, Full MOTHER FATHER 18. Full number maiden . \name nomas name 19. Residence (usual place of shode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race (1). | 12. Age at last birthda 2. Grears 20. Color or race 10. 1 21. Agent lest birthday 216 22. Birthplace (city or place) A contact 3 to 13. Birthplace (city or place) D.Ca. Lieb (State or country) (State or country) 14. Trade, profession, or particular N 23. Trade, profession, or particular kind of work done, as housekedor, kind of work done, as spinner, sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which mede work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc..... Date (month and year) last engaged in this work
 Total time (years) spent 8 16. Date (month and year) last engaged in this work 17. Total time (years) spent INKin this work ....., 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.......(c) Stillborn...... Before labor..... period of gestation or weeks 30. Cause of stillbirth months 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MID WIFE A I hereby certify that I attended the birth of this child, who was build at at a to a the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Laura (Ar Filed..... Registrar. Beristrar.

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OF IDARO RIMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE SURBAU OF VITAL STATISTICS ERTIFICATE OF State File No. 92158 Registration District No..... YSICL Primary Registration District No. Local Registrar's No.... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married, Widow-ed or Divorced (write the Color or Race 21. DATE OF DEATH ( and year) 1930 HEREBY CERTIFY, That I sttended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) an. to have occurred on the date stated above, at J. H.m. 7. AGE Months The principal cause of death and related causes of impor-If LESS than day,... hrs. Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation 12. BIRTHPLACE (city of town) (State or country) Name of operation 14. BIRTHPLACE (city) (State or county) What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also 15. MA the following: P.S Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (clay Where did injury occur?..... (State or coun (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, CREMATI Manner of injury..... Nature of injury ... 24. Was disease or/injury in any way related to eccupation 19. UNDERTAKER (Address) so. specify of deceased?. (Signed) .. 20. FILED Registrar. (Address) .....

Mr. Fraizer
UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the

appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 ycar
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. Registration District No.... (If born in hospital or institution Prim. Registration District No. \_\_Local Registrar's No. give name.) 2. FULL NAME OF CHILD. Prematures 7. Legiti-4. Twin, triplet, or other 8. Date\_of If plurai birth births 5. Number, in order of Birth Full term \_\_\_\_ mate? (MONTH, DAY, YEAR) MOTHER 18. Full **FATHER** 9. Full maiden name PERMANENT name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State (If non-resident, give place and State) 11. Color or race 12. Age at last birthday 2 (vears) 20. Color or race\_ 21. Age at last birthday 25 (years) 22. Birtholace (city or place) \_\_\_\_, 13. Birthplace (city or place) (State or country (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, 1 sawyer, bookkeeper, etc. Kelles typist, nurse, clerk, etc\_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc.\_ sawmill, bank, etc. \_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work.\_\_ UNFADING spent in this work 27. Number of children of this mother \_\_(c) Stillborn\_ (At time of this birth and including this child) (a) Born alive and now living - (b) Born alive but now dead. Before labor. months 28. If stillborn. period of gestation\_\_\_ 29. Cause of stillbirth. During labor. CERTIFICATE OF ATTENDING PHYSICIAN C m, on the date above stated, I hereby certify that I attended the birth of this child, who was L When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address (DATE OF) Registrar. Registrar.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 45 State File No. (If born in hospital or institution Prim. Registration District No. Local Registrar's No. give name.) FULL NAME OF CHILD 4. Twin, triplet, or other 8. Date 9 Premature 7. Legiti-If plurai birth births 5. Number, in order of birth Full term\_\_\_\_ mate? (MONTH, DAY, YEAR) MOTHER 18. Full 9. Full maiden name PERMANENT name 19. Residence (usual place of abode) 10. Residence (usual place of abode (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race 12. 12. Age at last birthday 27 (years) 20. Color or race\_1/21. Age at last birthday (years) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner. typist, nurse, clerk, etc.\_\_\_\_, sawyer, bookkeeper, etc. \_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. lawver's office, silk mill, etc... sawmill, bank, etc. \_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work spent in this work..... 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn WITH UNF Before labor .... 28. If stillborn. months period of gestation\_\_\_\_\_ 29. Cause of stillbirth\_\_\_\_ During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 2m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report Address Shar (DATE OF) Registrar. Registrar.

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STATE OF CRASS n case of more than order of birth stated. DEPARTMENT OF PUBLIC WILLIARE County of My Desch BUREAU OF VITAL STATISTICS City of Securation CERTIFICATE OF BIETS DOL Registration District No. \_\_\_\_\_\_\_\_State File No. \_ (If born in hospital or institu-tion give name.) 2. FULL NAME OF CHILD Frank Bell 8. Date of. [f plural 3. Sex birth .... births 5. Number, in order of birth..... Full term..... male 18. Full 9. Full FATHER nunioer maiden. name nk Oliver Bell La Verne Pac name ' 10. Residence (usual place of abode) Lewiston Orchis 19. Residence (usual place of abode) Lewiston Orchis (If non-resident, give place and State) (If non-resident, give place and State) F a 13. Birthplace (city or place) Lilman Ad 22. Birthplace (city or place) Brandanica Ma (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, CUPATION sawyer, bookkeeper, etc ...... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, mad lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ይ in this work..... in this work 3 recal 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...Q..(b) Born alive but now dead...Q...(c) Stillborn...L..... Before labor..... or weeks 30. Cause of stillbirth 29. If stillborn, During laber CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT I hereby certify that I attended the birth of this child, who was still bearen A.m.) on the date above stated. When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc., should make this return. Give name added from WRITE P a supplemental report..... Registrar. F. The Film sales

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STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE statement BUREAU OF VITAL STATISTICS County of RECORD. Every State File No. City Registration District No. 1000 Primary Registration District No. Local Registrar's No. (No. (If death general in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign blith? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed dyr Divorced (write the war 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married. widowed, or divorced HUSBAND OF (or) WIFE of ....., 193.... to ..... (., ......, 193.... I last saw h...alive on ...... 193...: death is said 6. DATE OF RIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Months Days If LESS than tance were as follows: Date of onset 1 day, ... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) .. (State or country) 13. NAME Name of operation...... Date of...... FAT 14. BIRTHPLACE (city or town)... What test confirmed diagnosis?.... Was there an autopsy?... (State or couptry) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Ö Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT nation CAUSI (Address) public place. ...... state CA OCCUP/ 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?. (Signed) 20. FILED. Registrar. (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE? County of BURNAU OF VITAL STATISTICS City of CERTIFICATE OF BERM Registration District No. (If born in homital or institu-Prim. Registration District No. ... 1 & Q S tion give name.) ...Local Registrare 2. FULL NAME OF CHILD 6. Prematurde J. Legiti-If plural 4. Twin, triplet, or other..... 8. Data 3, Sex births birth) mate 1/20 5. Number, in order of birth. Full terms 20 mal RECORD. 9. Full FATHER 18. Full MOTHER name ( maiden c Stanles name Movenas. 19. Residence (usual place of abode) 10. Residence (usual place of abode (If non-resident, give place and State) Larrer Fall non-resident, give place and State PERMANENT such, and the 20. Color or race | 21. Age at last birthday 11. Color or race(1)... | 12. Are at last birthday. 71. (years) 13. Birthplace (city or place) Gasinnato 22. Birthplace (city or place) Meridian (State or country) Othio (State or country) DAMA each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill. work was done, as own home. sawmill bank etc thanks aut lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent ቋ 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must une in this work 192 anuary 1005 in this work 27. What prophylectic was used to prevent Ophthalmia Neonatorum? Petura 2 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead. (c) Stillborn. marked anies Before labor... months 29. If stillborn, During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MID WEFE I hereby certify that I attended the birth of this child, who was atta I'm. on the date above stated. Party When there was no attending physician ! (Signed) or midwife, then the father, househelder, etc., should make this return. Give name added from a supplemental report..... Addres Filed.... Registrar.

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#### PLACE OF DEATH

County of Twin Falls Twin Falls

### STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

24

State File No.....

37 Registration District No.....

Primary Registration District No. 2085 Local Registrar's No...... Twin Falls County General Hospital

(If death occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME Bonnie Jane Fitzwater.

(a) Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds.

PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the Female word) single 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month day, and year) 7. AGE Years Months

Davs If LESS than 1 day.... hrs. Ω 0 or .... min. 8. Trade, profession, or particular

kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill.

saw mill, bank, etc .... 10. Date deceased last work. 11. Total time (years) ed at this occupation (mo. and yr.) snent in this occupation ...

Twin Falls 12. BIRTHPLACE (city or town) (State or country) Idaho

13. NAMEElwin S. Fitzwater 14. BIRTHPLACE (city or town)

Kansas (State or country) 15. MAIDEN NAME Florence

16. BIRTHPLACE (city or town). (State or country)

17. INFORMANTMIS (Address) 18. BURIAL, CANNANGX XXXXXXXXXX

Place Twin Falls

RTAKER White Mort

MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 1-30 1935

22 I HEREBY CERTIFY. That I attended deceased from

occurred on the date stated above, at .....m. The principal cause of death and related causes of impor-Date of onset

Name of operation..... Date of .. What test confirmed diagnosis? .... Was there an autopsy.

23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 198.

Where did injury occur?..... (Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. ..... Manner of injury.

Nature of injury. 24. Was disease or injury in

of deceased?

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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EVAMBLE I

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9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Castroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

VED MAR 11 1880 PLACE OF BURTE of idano DEPARTMENT OF PUBLIC WILLIAM 229533 County of.... City opesstalle CERTIFICATE OF BIRTS Registration District No. ..... (If born in homital or inch Prim. Registration District No. 246/ Local Re tion give name.) 2. FULL NAME OF CHILD Stillborn Poppleton N. B.-7. Legiti-[f plural 8. Date of 3. Sex births birth female 5. Number, in order of birth..... Full term...\* mate?....V.68 RECORD. 9. Full 18. Full FATHER MOTHER name maiden William A Poppleton name Wanda A Anel 10. Residence (usual place of abode) 531 W Bonnive 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State). Bonniss 1 (If non-resident, give place and State)..... 20. Color or race. # 21. Age at last birthday. 24. (years) 11. Color or race...W... | 12. Age at last birthday.277.(years) 22. Birthplace (city or place)....Anaconda Mont...... 13. Birthplace (city or place).....Pocatello...Idaho. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home. lawyer's office, silk mill, etc. Home 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must present 19..... in this work......6xrs present...... 19...... in this work......5.w.e... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months or weeks 30. Cause of stillbirth Monstrosity 29. If stillborn. period of gestation.....9m6 During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was 111 born the birth of the date above stated. orn Alive or Bull corn) When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report chil (Date of) Filed March 5 1985

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Exact statement of N. B...WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH 1935 EPARTMENT OF PUREAU OF VITA	DO NOT WRITE IN THIS SPACE L STATISTICS
City of Pocatello CERTIFICATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registration District No Primary Registration Dist	200
(No. Saint Ar	thony's Hospital , ,
(a) Residence. No. Pocatello, Id	aho. St. (If nonresident give city or town and state) . mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Wido ed or Divorced (write t	we 21. DATE OF DEATH (month, day and yeareb. 14,1935
Female White word Single	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	, 193, to 2-14, 193.5.
6. DATE OF BIRTH (month, day, and year) Febuary 14, 1935.	I last saw halive on, 193: death is said to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS ti	an The principal cause of death and related causes of impor-
6 0 0 1 day,	11 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc.  9. Industry or business in which	Sill Burn
work was done, as slik mill. Infant  saw mill, bank, etc Infant  10. Date deceased last work 11. Total time (years) ed at this occupation (mo. and yr.) spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Pocatello	•••
13. NAME W. A. Poppleton  14. BIRTHPLACE (city or town) Poca (State or country) Ida.	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also the following:
15. MAIDEN NAME Wanda Ann Appel 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
17. INFORMANT W. A. Popoleton (Address) Pocatello, Idaho.	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL Place Pocatello, Ida. Dat Feb. 16, 19	Mannon of injury
19. UNDERTAKER Hall Mortuary (Address) Pogate Do, Idaho	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEKED. 15., 1935. May Registrar.	(Signed) 75 Pocatello, Idaho. M. D. (Address) Pocatello, Idaho.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	! week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

MICHELLED WAS IT 1889 PLACEOF BIRTH STATE OF IDAHO 1 Denewah RECORD. N. B.—In case of more that number of each, in order of birth state DEPARTMENT OF PUBLIC WILLIAM County of BUREAU OF VIEW STATISTICS City of PX. maries CERTIFICATE OF BIRTH No.Z State File No. Registration District No. .... (If born in hospital of institu-Prim. Registration District No. 204 GLocal Registrar's No... tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other........ 6. Premature. 8. Date of ff plural 3. Sex birth. births Full term 5. Number, in order of birth..... maté? (Month, Bay, Ye 18. Full MOTHER/ 9. Full FATHER maiden name negrous 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and state) (If non-resident, give place and bigger, 20. Color or race | 21. Age at last birthday 2. 3. (years) 11. Color or race. | 12. Age at last birthday. ...... (years) 22. Birthplace (city or place) 13. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper. OCCUPATION sawyer, bookkeeper, etc da beer typist, nurse, clerk, etc. OCCUPATION 24. Industry or business in thick 15. Industry or business in which made work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent <u>۾</u> 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK. 77. 2-9 1935 ل 3 ح in this work in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn..... months 30. Cause of stillbirth Muscletzuniel Before labor 29. If stillborn. period of gestation. 5/2 During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR ADWIFE I hereby certify that I attended the birth of this child, who An, on the date above stated. PLAINLY d at birth When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... WRITE One child Address One Registrar.

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RECORD. Every item of HYSICIANS should state xact statement of OCCU.	PLACE OF DEATH  County of Purious CERTIFICATE O  City of Registration District No  Primary Registration District No  (If death occurred in a hospital or institution, 2. FULL NAME	Ct No. 2049  Local Registrar's No. 17
NENT LY. I ied. I	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
OR BINDING IS A PERMAN stated EXACTI roperly classific	3.SEX  4. COLOR OR RACE 5. Single, Married, Widowed, or Divorcel (wite the word)  5a. If maried, widowed, or divorcel HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year) 2-/6 1935  22. I HEREBY CERTIFY, That I attended deceased from 1935  I last saw headive on 1935  I last saw headive on 1935
VED FOR BTHIS IS A hould be stat hay be prope	6. DATE OF BIRTH (month, day, and year) 2-1 0 - 3 5  7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at
RGIN RESERVE FADING INK' pplied. AGE sho ns, so that it may instruction on ba	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)  spent in this occupation	Other contributory causes of importance:
MAI H UN Ily suj in tern See	12. BIRTHPLACE (city or town) marces of State or country)  13. NAME buest Cardunee  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter@causes (violence) fill in also the following:
PLAINLY, WIT should be carefu DEATH in plai	15. MADULTAGE (city or town) (State or country)  17. INFORMENT (Address)	Accident, suicide, or horacide?
WRITE P information CAUSE OF PATION is	18. BURIAL, CREMATION, OR REMOVAL Place	Manner of injury  Nature of injury  24. Was disease or injury any way related to occupation of deceased?  (Signed)
e Z	20. FILED May 9, 1935 Walter Lowers.	(Address) & marie 3d

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other Contributory Causes of importance:

LECE VET WAT N. B.—In case of more than each, in order of birth stated. DEPARTMENT OF PUBLIC WELFARE 22958 STATE OF IDAHO County of BURBAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH No..... JULIOR Registration District No. ... State File No. ..... (If born in hospital or institution give name.) Prim Registration District No. 1007 Local Registrar's No. 69 2. FULL NAME OF CHILD Jay Lamb ff plural 4. Twin, triplet, or other 6. Premature X 7. Legiti-8. Date of Peb. 30 3. Sex births Male 5. Number, in order of birth.... mete? Yes 7 Full term..... RECORD. 9. Full FATHER 18. Fall number MOTHER name maiden Ervin Lamb Helen Young name 10. Residence (usual place of abode) 19. Residence (usual place of shode) PERMANENT (If non-resident, give place and State) Blackfoot (If non-resident, give place and State) Blackfoot 11. Color or race. 12. Age at last birthday 25 (years 20. Color or race. Wa. | 21. Age at last birthday. 19 (years) 13. Birthplace (city or place) Walsburg. 22. Birthplace (city or place) Shelley, Idaho (State or country) each. (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. Laborer CUPATION OCCUPATION sawyer, bookkeeper, etc ..... typist, nurse, clerk, etc. Housewife 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, IERA Labor work was done, as own home. -THIS Home lawyer's office, silk mill, etc. 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent INK. must 19 35 Pebruary 19 35 in this work..... in this work WITH UNFADING Reparts 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...Q.(b) Born alive but now dead...L.(c) Stillborn... Six months 29. If stillborn. Before labor..... period of gestation...... During labor..... CERTIFICATE OF ATTENDING PHYSICAN OF ADDWIFE I hereby certify that I attended the birth of this child, who was \$111bors at 9: 70 on the date above stated. (Born Alive or Million PLAINLY d at birth When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report.... Blackfoot, Idaho Address Registrar.

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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physic'an, Stenographer, Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Saleman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc. without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"): Diptheria (avoid use of "croup"): Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia: Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH STATE OF SDAIN ED WAR 1. 1986 -In **case of m**ore the in order of birth state County of Dansey DEPARTMENT OF PUBLIC WHENARD BURBAU OF TITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2 / V D Local Registrar's No. 9 tion give name.) Barshu 2. FULL NAME OF N. 9 7. Legiti-4. Twin, triplet, or other. Premature. 8. Date of 3. Sex birth. 5. Number, in order of birth 2 RECORD. Full term. mete? FATHER 18. Full 9. Full maiden name name 19. Residence (usual place of abode)
(If non-resident, give place and State). 10. Residence (usual place of abods) Clarks (If non-resident, give place and State) PERMANENT each, and the 20. Color or race while 21. Age at last birthday 25 (years 11. Color or race white 12. Age at last birthday (years) 13, Birthplace (city or place) ...... 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular, kind 14. Trade, profession, or particular kind of work done, as spinner, Larner of work done, as housekeeper 1 typist, nurse, clerk, etc. H.C. S F sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which be made work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) must in this work..... in this work..... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...|...(b) Born alive but new dead... (c) Stillborn.... aline Sison Before labor..... months or weeks 30. Cause of stillbirth. 29. If stillborn. During labor V period of gestation. CERTIFICATE OF ATTENDING PHYSICIAL .Im. on the date above stated. I hereby certify that I attended the birth of this child, who wa When there was no attending physician i (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be the carefully supplied.

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RECEIVED "AD 11 1985 TE OF ID.	AHO
PLACE OF DEATH DEPARTMENT OF PUBL	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Somerel BUREAU OF VITAL	1 11177
CERTIFICATE O	OF DEATH   State File No. 92504
City of O	1-/
Registration District No	
Primary Registration Distric	t No. Local Registrar's No. 5
	•
	re-its name instead of street and number)
2. FULL NAME	Barstown
FA Olich	Och Idolw Jally Jac
(a) Residence. No	(If nonresident give city or town and state)
Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX   4. Color or Race   5. Single, Married, Widow-	MEDICAL CHARTE
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) /6 19
male white word Isty	22. HEREBY CERTIFY, That I attended deceased fro
5a. If married, widowed, or divorced HUSBAND of	125 6 1935 to fet 6 1935
(or) WIFE of	I last saw has Ave on
6. DATE Of BIRTH (month, day, and year)	to have occurred on the date stated above, atm.
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7. AGE Years Month Days If LESS than	tance were as follows: Date of ons
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8. Trade, profession, or particular kind of work done, as spinner.	D. Aa.
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(mo. and yr.) occupation	Other contributory enuses of importance:
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E 12 MANG MMB . Barst	<b> </b>
13. NAME // . Oling . Factor	Name of operation. Date of
14. BIRTHPLACE (city or Gwn Kens Neval	What test confirmed diagnosis Was there an autopsy
A COO.	23. If death was due to exter'l causes (violence) fill in a
15. MAIDEN NAME VELLY OF Dally	the following: Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or teen)	Where did injury occur?
(State or country)	(Specify city or town, county, and state)
17. INFORMANT	Specify whether injury occurred in industry, in home, or
(Address)	public place
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place It the Jale Date	·
19. UNDERTAKER	24. Was disease of injury in any way related to occupati
(Address)	of deceased?
20. FILED 3. J 198. V	(Signed)
Registrar.	(Address)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of enset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Iulv 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ED WAR II 1986 I. . FLACE OF BEATH STATE OF IDAGO DEPARTMENT OF PUBLIC WILLPARE Charle of Manage BURBAU OF VITAL BYSTONEZ 29 City of Lola CERTIFICATE OF Registration District No. ..... (If born in hospital or institu Prim. Registration District No. 2/1" Local Registrar's No. 25 tion give named FULL NAME OF 7. Legiti-4. Twin, triplet, or other.......... 6. Premature... 8. Date of It blum 3. Sex birth births Full term. La mete? 5. Number, in order of birth..... the number of MOTHER 18. Full 2.4m11 FATHER maiden name name 19. Residence (usual place of abode) 10. Revidence (usual place of abode) (If non-resident, give place and State) ... Ada (If non-resident, give place and State)..... A.A. 20. Color or racely last 21. Age at last birthday 2.4... (years 11. Color or racell hall 12. Age at last birthday 2/... (years) PERMANN each, and 22. Birthplace (city or place) 13. Birthplace (city or place). Dedha. (State or country) Adoha (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, sawyer, bookseeper, etc kind of work done, as spinner, as spinner, sawyer, bookseeper, etc.

Industry or business in which work was done, as slik mill, sawmill, bank, etc.

Date (month and year) last engaged in this work 17. Total time (years) spent of work done, as housekeeper, ! 24. Industry or business in which 15. Industry or business in which work was done, as own home, made 25. Date (month and year) 26. Total time (years) spent ع 16. Date (month and year) last engaged in this work Dast. in this work I Yeur 16 2/ 1935 in this work Yes 710 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Con green 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn..... Before labor..... or weeks 30. Cause of stillbirth..... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICE OF MIDWIFE 9:45 at ... m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. or ..... Give name added from WRITE P Address ZOLA a supplemental report..... Registrar.

The same of the sa side of token at Asilonik the property of the state of th THE PERSON SILE STATE ST internit residents the first birthing as miritigado (etto ar obect. post of the state of the state of THE PROPERTY OF THE PARTY OF TH talled at a some deriver Similar at Strange of the Land Street, and PORT CONTRACTOR DESIGNATION PROPERTY. before the first of the first for the first of the 3 (the act to the mile begin at the winds of the state of and the second second response to the second second The second secon trad and all sens applied, the sens all and the table of the the state of the s ALTHUR THE MENT OF THE TRAINING THE TO THE THREE THE when the court is the property and the court of the court Addition to the second section of the second section of THE MEAN white the state of the state of

STATE OF IDAHO DO NOT WRITE IN THIS SPACE PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS OF DEAT State File No.... Registration District No. Primary Registration District No.2 Logal Registrar's No. (No. (If death occurred to give its name instead of street and number) 2. FULL NAME. Residence. No..... (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widow. ed or Diverced (write the 21. DATE OF DEATH (month, day and year) 1 word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year have occurred on the date stated above, at 7.3 The principal cause of death and related causes of impor-AGE Months Days Date of onset hrs. min 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc...... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this occupation (mo. and yr.) ...... 12. BIRTHPLACE (city or town (State or country) 13. NAME 14. BIRTHPLACE (city or What test confirmed diagnosis **4** (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) 18. BURIAL, CREM Manner of injury Nature of injur 24. Was disease 19. UNDERTAKER (Address) of deceased? (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation was the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

**EXAMPLE I** 

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II

#### The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: 1915 Arteriosclerosis Attack of epilepsy 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 3 days ago Peritonitis Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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<u> </u>	
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AR 1118 DEPARTMENT PUBLIC WEEK BURBAY OF VIDAL STATISTICS C 25086 Ditte of CERTIFICATE OF BIRTI Registration District No. ..... State File No. (If born in hospital or is Prim. Registration District No. 2112 Loss Registrar's No. tion give name.) L FULL NAME ( 4. Twin, triplet, or other Premature 7. Legitiff sherel 8. Date of 3. Sax birth 5. Number, in order of birth.... Full term Lie mate?... M Full WATHER 18. Full COTTO BEE maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race [1]. | 12. Age at last birthday 29 lyears 13. Birthplace (city or place) Wellwill. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done as apinner. typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent Date (month and year) last engaged in this work 17. Total time (years) spent 19 35 in this work 19.35 in this work 2 44 27. What prophylectic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn..... Before labor months 29. If stillborn. or weeks 30. Cause of stillbirth..... During labor period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OF MIDNIFE / 3 I hereby certify that I attended the birth of this child, who was When there was no attending physician ! or midwife, then the father, householder. etc., should make this return. Give name added from a supplemental report..... Registrar.

committee of curious or best THINKS IN TORIS TERRITORIES (chicke to sound latter) yound to H the more subjective and the the state of the s toolog or tage that the same of that a related commence faile of places and annual state. ton auto no saute bord solutions or represent the bond a resident and area thou The second of th liber the cartage to see the to the diff and or the following Service of the service of the service of Constitute of the season A Joy per colony a natural tent of the second of the second of Print cold of White Sep Jan. The property of the property o the state of the second state of the second state of the second state of the second se And the second **。如何是这种的** The state of the s t intends to a Land and the second THE SERVICE OF A PERSON OF THE PARTY OF THE the second section of the second section of the second second section second dir. on the duto strong at the the place and separate the party and seed THE MAN THE PARTY AND THE PARTY AND ASSESSED AND ASSESSED ASSESSED. are the state of the state of

N. B...WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DECEIVED MAR 111986	ATTO
PLACE OF DEATH DEPARTMENT OF PUBL	TO A CITAL STATE STATE STATE AND A CARE
County of Burneville BUREAU OF VITAL	
Carlo Luc CERTIFICATE O	OF DEATH   State File No. 32509
Registration District No	73
Primary Registration Distric	t No. 2 / J Local Registrary No.
(No	d. S. Haskital
(If death occurred in a hospital or institution, ci	
2. FULL NAME Still auth	) Sarah Cou hyatt
(a) Residence. No	of Day los Idahi
(Usual place of abode) Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193
gul. W. Word Still airth	-22 I HEREBY CERTIFY, That I attended deceased from
If married, widowed, or divorced HUSBAND of	Feb. 3, 1985 to 2//3, 198.5
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	Llast saw h. e alive on 193: death is sai
2 - 13 - 35	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
1 day, hrs	
8. Trade, profession, or particular	Till larn
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which	
	andher is dealette
work was done, as silk mill, saw mill, bank, etc.	
2 10. Date deceased last work- 11. Total time (years)	
ed at this occupation spent in this occupation,	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Lake Falls	Ra
(State or country)	
13. NAME LEMMIS L. Wyath.	
1600	Name of operation Date of
14. BIRTHPLACE (city or town). W. State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Fern Coak.	23. If death was due to exter'l causes (violence) fill in al the following:
16. BIRTHPLACE (city or town). Daylar Utal	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county, and state)
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or public place.
18. BURIAL, OBEMATION OR REMOVAL	Manner of injury
Place Jay lor Sole Date 11, 193.	Nature of injury
19. UNDERTAKER NAME	24. Was disease or injury in any way related to occupati
(Address)	of deceased? If op, specify
1 11)	(Signed)
20. FILED Del. 193. Registrar.	(Address Sachus Follo - July

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

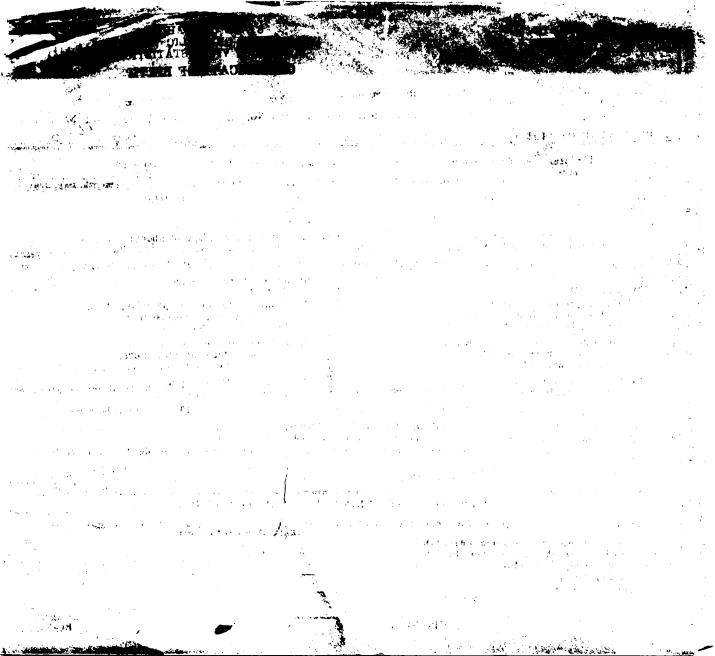
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

County of PURLIC ETTERNA TE A Registration District No. 79 State File No. ... (If born in hospital or instit Prim. Registration District No. 2150 Local Registrar's No. tion give name.) 2. FULL NAME OF CE 6. Premature 7. Legiti-If plura . Twin. triplet, or other...... 3. Sez⊬ 8. Date of hirtha hirth 1-4 5. Number, in order of birth.... Full term mate % 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)..... 11. Color or race...... | 12. Age at last birthday 72. (years 20. Color or race billie 21. Age at last birthday 36... (years 13. Birthplace (city or place) analysis 22. Birthplace (city or place) ... Carago: (State or country) (State or country) each. 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, Horac U kind of work done, as spinner, UPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done. as own home, sawmill. bank. etc.... lawyer's office, silk mill, etc. Those Home 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must 1932 /\_ 3 \_\_ 19.35 in this work /3 in this work 2 443 27. What prophylactic was used to prevent Ophthaknia Neonatorum? Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living .....(b) Born alive but now dead...(c) Stillborn...... months 29. If stillborn, Or Weeks period of gestation ...... During CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 8.06 Em. on the date above stated. I hereby certify that I attended the birth of this child, who was a When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar.



B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

STATE OF II	DAHO"
DEMENT OF PUR	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ty of Sanneville SPHAU OF VITAL	111111111111111111111111111111111111111
of Lasto ZellyERTIFICATE	OF DEATH   State File No. 92521
Registration District No	/3
Primary Registration Distri	ot No.2-1-1=0
(No.	18 3/2
(If death occurred in a hospital or institution, g	ive its name instead of street and number
FULL NAME Infant The	uteman Still faith
(a) Residence. No	
(IIIII) place of chode)	(If nonresident give city or town and state)
PERSONAL AND COLUMN Where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs, mos. d
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) ]- + 193
word)	
If married, widowed, or divorced HUSBAND of	The Me
OATE OF BIRTH (month, day, and year)	T lost same h
/— 4 — 5	I last saw halive on, 193: death is salto have occurred on the date stated above, atm.
AGE Years Months Days If LESS than	
7 / day, hrs	tance were as follows:
8. Trade, profession, or particular	57.011.4
kind of work done, as spinner, sawyer, bookkeeper, etc.	D 1
3. Industry or husiness in which	Cadal Nyland
work was done, as silk mill, saw mill, bank, etc	White and
10. Date deceased last work- ed at this occupation spent in this	
(mo. and yr.) occupation	Other contributors causes of importance:
BIRTHPLACE (city or town)	<i>T</i>
(State or country)	
13. NAME Olympia Dientisma	<u> </u>
14. BIRTHPLACE (city or town) Assachelle	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Rack Montage	23. If death was due to exter'l causes (violence) fill in all the following:
16. BIRTHPLACE (city or town) Stelley flat	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
(Address)	Specify whether injury occurred in industry, in home, or
BURIAL, CREMATION OR REMOVAL	public place
Place Z. A. B. 7003pital Date 1.5 1935	Manner of injury
UNDERTAKER Nane	Nature of injury
(Address)	of deceased?
	(Signed) Column Carlles M. I
FILED2 198 /	(Manual)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	



N. B.—WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

17.

THE HAR THELE	
PLACE OF DEATH DEPARTMENT OF PUBL Canyon BUREAU OF VITAL S	IC WELFARE DO NOT WRITE INTIME BRACE
Cfty of - Caldwell CERTIFICATE O	
Caldwell Sanitanews ration District No  Primary Registration District (No	No 2005 Local Registrar's No. 25
In death occurred in a hospital or institution, give	re its name instead of street and number)
(a) Residence. No(Usual place of abode) Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow. cd or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 3-7-3598
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of X 6. DATE OF BIRTH (month, day, and year) March 9, 1935	I last saw halive onMa.r.ch., 7935 death is said to have occurred on the date stated above, at EVENIME
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
stillborn   1 day, hrs.	maternal toxemia.diabeticontaction de la contraction de la contrac
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
kind of work done, as splaner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work.  11. Total time (years) ed at this occupation spent in this	
7 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Caldwell, Ida (State. or country)	
13. NAME Alfred M.Root	
13. NAME Alfred M.Root 14. BIRTHPLACE (city or town). Caldwell, Ida (State or country)	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hazel Summers 16. BIRTHPLACE (city or town) Springfield Mc (State or country)	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193. Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL Place Pleasant Ridge Date 3-9-35	Manner of injury
19. UNDERTAKER none Office M. Slow (Address) Baren Vs	24. Was disease or injury in any way related to occupation of deceased? If so specify
20. FILED 3/9, 193 M. M. Registrar.	(Signed), M. D. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
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MAR LI WOO DEPARTMENT OF PUBLIC WELFARE County of Ja Suite BURRAU OF VITAL STATISTICS City of Burley N. B.—In case of mor each, in order of birth CERTIFICATE OF BIRTH No Califica Hastribal ... St. 114016-565 Registration District No. .... (If born in hospital or ineffice-Prim. Registration District No. 296 ...Local Reststrar's No tion give name.) -2. FULL NAME CHILD 4. Twin, triplet, or other....... 6. Premature 7. Legiti-8. Date of,\_\_ ff blural 3. Sex birth births mete? 44 5. Number, in order of birth..... Full term... RECORD. MOTHER 18. Full FATHER 9. Full maiden name / Terrona Alaxander Elquis name 19. Residence (untal place of abade) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) PERMANENT each, and the 20. Color or race. 21. Agent last birthday ...... (ye 11. Color or race 1. 4 12. Age at last birthday 19. (years) Birthplace (city or place) 13. Birthplace (city or place) Free State Ufact (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as houseked kind of work done, as spinne, sawyer, bookkeeper, etc typist, nurse, clerk, etc. S A P 24. Industry or business in which 15. Industry or business in which made work was done, as com home, lawyer's office, silk tall, etc. 25. Date (month and years) 26. Total time (years) spent ,8 16. Date (month and year) last engaged in this wo nust. 19. in this work.Z... in this work عميعتر 19 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING & Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead (c) Stillborn. Before labor..... period of gestation. or weeks 30. Cause of stillbirth months 29. If stillborn. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was It lives at IIn on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report.... Address ..... WRITE Ore chil Filed..... Registrar.

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RECEIVED MAR 11 1981 STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE statement BUREAU OF VITAL STATISTICS County of State\_File No .... HYSICIANS Registration District No...... Exact Primary Registration District No. 2 (No. (If death occurred in Cospital or institution, give its name instead of street and number) 2. FULL NAME. Residence, No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mes, ds. How long in U. S., if of foreign birth? yrs, mos, MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race! 5. Single, Married, Widow-(month; day and year) 21. DATE OF DEA ed or Divorced (write the word 23 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or diverced HUSBAND of (or) WIFE of I last saw h / to on . Aff....., 1935 .: death is said OF BIRTH (month, day, and year) to have occurred on the date stated above, at ....m. The principal cause of death and related causes of impor-Days If LESS than tance Were as follows: Date of onset 1 day,... hrs. (Kannedte or .... min. Trade, profession, dr particular OCCUPATION kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ... 12. BIRTHPLACE (city (State or countr MOTHER FATHER What test confirmed diagnosis?.... Was there an autopsy?... DEA' 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. ..... BURIAL. Manner of injury..... Nature of injury..... SCC 24. Was disease or injury in any way related to occupation 19. UNDERTAKERA of deceased?... (Address) res A- Vistance Registrar. (Address) ..... Z

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No. Registration District No. 90 State File No. (If born in Rospital or institution Prim. Registration District No. 2/17\_Local Registrap's No. give name.) = FULL NAME OF CHILI (If stillborn, substitute the word "Stillbirth" for name of shild) Twin Number Legiti-U Date of ŏ Sex of Triplet in order mate? 160 Child birth or other order (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth...... (a) Born alive and now living. Born alive but now dead.... (2) .....Stillborn ..... FULL MAIDEN NAME .... Residence (Usual place of abode Residence (Clascal place of shode) It non-resident, give place and State If non-resident, give place and Color or race. Color or race Birthplace ...... Birthplace ...... and State or County) City and State or County Occupation ..... Occupation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* Fhereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician? or midwife, then the father, householder, hysician of midwife etc., should make this return. A stillborn child is one that wither breathes nor shows other evidence of life after birth.

- MAY 3 1 1944

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PLACE OF DEATH DEPARTMENT OF PUBL	
County of Clearwater CEDTHICK TE	and the first th
City of Orofino CERTIFICATE O	F DFAIH State File No
Registration District No	The second of th
the state of the s	2187
Primary Registration District Burns Hos	No Local Registrar's No
(No	
(If death occurred in a hospital or institution, give 2. FULL NAME Hellan J. Gaffney	re its name instead of street and number)
	Suc 120710
(a) Residence. No Orofin	TO THE TOTAL PROPERTY OF THE P
(Usual place of abode) Length of residence in city or town where death occurred, yrs. 1	(If nonresident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color of Racel 5 Single Married Wildow	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the	21. DATE OF DEATH (month, day and year 1935
Femal White word Single	22 I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	193.4.
6. DATE OF BIRTH (month, day, and man) 7 1934	I last saw halive on
	to have occurred on the date stated above, at Am. The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than 1 day hrs.	tance were as follows:
or min.	Unimoun
8. Trade, profession, or particular	in Utino
kind of work done, as spinner. None Baby sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. ed at this occupation spent in this	1 V V V
9. Industry or business in which work was done, as silk mill.	
saw mill, bank, etc	**
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
(mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	Sugar, and
(State or country)	Matter C
E 13. NAME John Gaffney.	
E Weippe	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to exter'l causes (violence) fill in also the following:
15. MAIDEN NAMEStella Johnson	the following: Accident, suicide, or homicide? Date of injury, 193.
15. MAIDEN NAMEStella Johnson  16. BIRTHPLACE (city or town)	Where did injury occur?
<del>                                    </del>	(Specify city or town, county, and state)
17. INFORMANT John Gaffney Orofino Orofino	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place.
Place Orofino Ida Date Feb. 8. 1935.	Manner of injury
	Nature of injury
19. UNDERTAKER M. A. T. Mally (Address)	of deceased? My It so pools
	(Signed) The strong of M. D.
20. FILED. Z. T. 1930. La Shaw. Registrar.	(Address) Origeno Jahr

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CVAMBIE I

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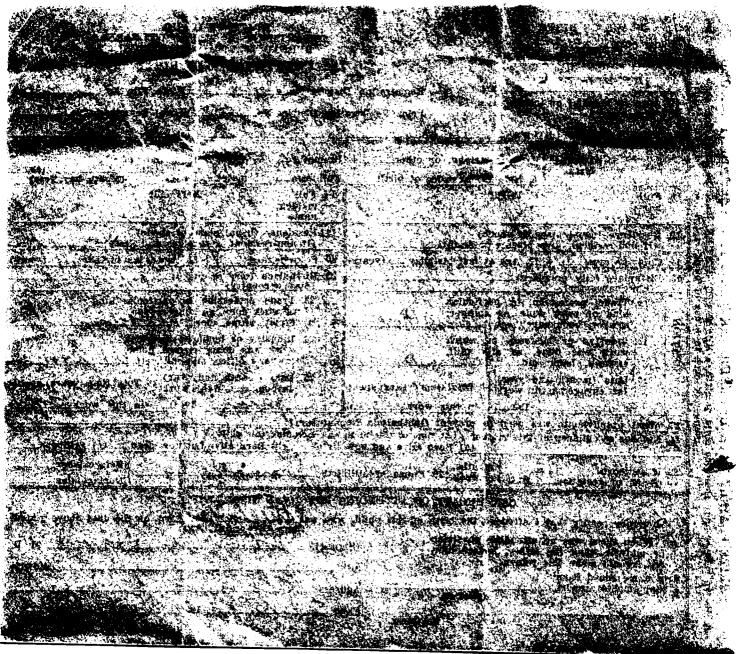
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

DEPARTMENT OF BIRTH 1985 OF BIRTH 35 State Fil PLACE OF BIRTH County of I Luco DEPARTMENT OF PUBLIC WELFARE BURRAU OF VITAL STATISTICS OU of Illan No..... State File No..... (If born in hospital or institu-Prim. Registration District No. 2 / Local Registraria No. tion give name.) 2. FULL NAME OF CHILD ..... 7. Legist 6. Prematuca. (f plural 4. Twin, triplet, or other...... 8. Date of Sex births birth... 5. Number, in order of birth..... Full torm... matel (Month, Day, Your must 9. Full FATHER 18. Full MOTHER maiden name name ETURN rth, state 19. Residence (usual place of abode) 10. Residence (psysh place of abode) (If non-rechient bring piacesant State 1/14 (If non-resident, give place and State) RET. Coldy of recon 12 Age at last birthday / (Years) 13. Birthplace (city or place). ARATE rder of (State or country) 14. Trade, profession, dr/ particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done as spinner, sawyer, bookkeepe . Acrass / lichan 15. Industry or business in which 24. Industry or business in which E work was done, as dir mill. work was done, as own home. sawmill, bank, etc. West at lawyer's office, silk mill, etc. A. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent clast engaged in this work in this work 20 yra 1935 in this work 27. What prophylactic was used to prevent Ophthal Mia Neonatorum 2/ 28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 9110 Before labor..... months 29. If stillborn. During labor..... PLAINLY CERTIFICATE OF ATTENDING PHYSICIAN OR SEDWIFE 20 more I hereby certify that I attended the birth of this child, who walk and When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address (Date of) Registrar.



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item Id stø	OCCUP		LIC WELFARE DO NOT WRITE IN THIS SPACE
E it	5	County of BUREAU OF VITAL	STATISTICS
ry ite honld	8 I	CERTIFICATE O	F DEATH . State File No. 92606
<b>2</b> (a)	<b>4</b>	City of Vollamon Struggeristration District No	35
E S	i	// Primary Registration Distri	ct No. 2021 Local Registrar's No.
. ◀	å I	(No	~ <sup>0</sup>
IC E	<b>a</b>	(If death occurred in hospital or institution,	
RECORD PHYSICI	1	2. FULL NAME Valy	nc Cabe (Sillborn)
2 H	a of	(a) Residence. No	St.
	ğ	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
NENT FLY.	<u>.</u>	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G CTL	ifie	3.SEX  4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) 1935
7 <b>∑</b> ∢	18.	Structe White the word	22. I HEREBY CERTIFY, That I attended deceased from
KR		5a. If maried, widowed, or divorced	, 193, to, 193, 193
Z		HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
	properly ificate.	100,2 1935	to have occurred on the date stated above, at
IS S	be prope certificat	6. DATE OF BIRTH (month, day, and year) 3-/733 7. AGE Years Months Days If LESS than	The principal cause of death and related causes of importance were as follows:
Z SĘ	I ti	1 day,hrs.	
8 2 7	- 11	or min.	
	of	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	The first state of the state of
K K K	it m back	9. Industry or business in which	Millon
	d a	work was done, as silk mill, saw mill, bank etc	
2 S .	that a on	0   10. Date deceased last worked at   11. Total time (years)	Other contributory causes of importance:
	io.	this occupation (month and spent in this occupation	
2 Z Z	terms, so tl instruction	12. BIRTHPLACE (city or town)	
ARG NFA suppl	a t	(State or country) Alman Flory Jac	Vienauurg
	<b>5.</b> E	13. NAME  14. BIRTHPLACE (city of town)  (State or country)	Name of operation
	plain See	14. BIRTHPLACE (city of town)	What test confirmed diagnosis?Was there an autopsy?
WIT	t.	Total of country to the country of t	23. If death was due to exter leauses (violence) fill in also the following:
	an in	15. MAIDEN NAME Jens Harthold	Accident, suicide, or homicide? Date of injury, 193.
25	EATH in important.	15. MAIDEN NAME  16. BIRTHPLACE (city/orlows)  (State or country)	Where did injury occur?(Specify city or town, county, and State)
LAINI should	3AT mpor	(State or country) Wawell Salw	Specify whether injury occurred in industry in home, or in public
L'A		17. INFORMENT DE LA MACO	place.
e a	OF I	(Address) Most /// Care	Manner of injury
TE	E C	18. BURIAL DEMATION, ON REMOVAL Place Level Title Date 1, 1985	Nature of injury
-WRITE Informatio	Z	11. D Mark War Val	24. Was disease or injury in any way related to occupation of deceased?
≱ ig	CAUSI	19. UNDERTAKER (Address)	If so, specify
Ļ.#	S E	100-4 - Man Man 1:00.	(Signed) January, M. D.
<u>;</u>	ł	20. FILED VELT, 1935 Registrar. 4.	(Address) Shamothry Mu
Z	٠.	<del> </del>	·

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	-

653-212.026-415 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BURMAU OF VITAL STATISTICS OF N. B.—In case of more each, in order of birth at City of A CERTIFICATE OF BIRTH Registration District No. ..... State File No. .... (If born in hospital or institu-Prim. Registration District No. ... Local Registrar's No. tion give name.) 2. FULL NAME OF CHIE 7. Legiti-If plural 8. Date of 3. Sex births birth. mate? N number of 5. Number, in order of birth. X Full term. 18. Full MOTHER 9. F maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State). (If non-resident, give place and State) 11. Color or race...W . | 12. Age at last birthday 3 ය(years) 22. Birthplace (city or place). (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner. CUPATION HIS IS A made for typist, nurse, clerk, etc. sawyer, bookkeeper, etc ...... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. ..... sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent a must in this work.... ....., 19...... in this work...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.......(c) Stillborn...... Before labor..... months or weeks 30. Cause of stillbirth... 29. If stillborn, During labor period of gestation..... CERTIFICATE OF ATTENDING PHYSICION OF I hereby certify that I attended the birth of this child, who was m, on the date above stated. ø When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. or ...... Give name added from a supplemental report..... WRITE One chip Address Filed..... Registrar.

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STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE Jefferson BUREAU OF VITAL STATISTICS State File No..... 98 Registration District No.... Primary Registration District No. 2176 Local Registrar's No...... RECORD (No. .... (If death occurred in a hospital or institution, give its name instead of street and number) Stillborn Fell 2. FULL NAME (a) Residence. No.....St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 2ed or Divorced (write the Female White word) Babe 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on ........., 193...: death is said 6. DATE OF BIRTH (month, day, and year) 12..1935 to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Months If LESS than Davs tance were as follows: Date of onser 1 day.... hrs. Stlldorn or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc.... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ...... occupation ...... Ra Belle 12. BIRTHPLACE (city or town) Iduho. (State or country) 13. NAME Harry S. Fell Name of operation...... Date of...... 14. BIRTHPLACE (city or town) Em 12 and What test confirmed diagnosis?.... Was there an autopsy?... DEA 23. If death was due to exter'l causes (violence) fill in also Selma Danielson 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. Garfiyes Q 16. BIRTHPLACE (city or town) Where did injury occur?..... Tdaho (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL, CREMATION Manner of injury..... Datelleb. 13as5 Nature of injury..... related to occupation 24. Was disease or injury in a 19. UNDERTAKER of deceased?.... (Signed) .....

Registrar.

(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II			
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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h II	1. DEACE OF BERTH. LD AN 1000	STATE OF IDAHO						
4	Thought there							
numbe	County of Lake A = 2	BUREAU OF VITAL STATISTICS 229970						
11	City of Cottateh	Dukeria of Virial Britishias						
the	City of	CERTIFICATE OF BIRTH . L						
and	No St.	states No. 65° State File No.						
	35-4-209.029 819 Registration Dis	strict NoState File No						
each.	/Tf hours in hospital on implifyidam	The 11/16 and 11/16						
£	(If born in hospital or institution give name.)  Prim. Registration	District No. 2/45 Local Registrar's No.						
for		$\sim$ $H$						
¥	2. FULL NAME OF CHILD Blrmer Harle	ne ampera						
made	Z. PULL NAME OF CHILD-A-22-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2							
£	3. Sex / If plural 4. Twin, triplet, or other6. Pro	emature7. Legiti- 8. Date of						
2								
	births 5. Number, in order of birth Fu	ll term \( \text{(Month, Day, YEAR)}						
mast	9. Full / FATHER /	18. Full MOTHER						
	name of the state	maiden () () ()						
الفكّ	Wesley Turnello	name Hella Names						
	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)						
RETURN th. stated.								
24	11. Color or race 2/ 12. Age at last birthday 7.3 (years)	20. Color or race 12. Age at last birthday 22 (years)						
Z E		22. Birthplace (city or place) Mashington						
SEPARATE n order of bi	13. Birthplace (city or place)	(State or country)						
2:1	(State or country) 14. Trade, profession, or particular	23 Trade profession or particular kind						
EPAR order	kind of work done as sninner.	of work done, as housekeeper, 7/						
四 8	sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.						
S 2	Sawyer, bookkeeper, etc.  15. Industry or business in which  work was done, as silk mill.	24. Industry or business in which						
8 2	work was done, as silk mill,	work was done, as own home, lawyer's office, silk mill, etc.						
45 8	sovemill bank atc	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent in this work.						
الدقة	16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last						
80	easaged in this work 17. Total time (years)	O engaged in this work 26. Total time (years) spent in this work.						
Ta l		Spent in this work						
	1958	·· ·· · · · · · · · · · · · · · · · ·						
child	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and not	w living (b) Born alive but now dead (c) Stillborn						
	(At time of this birth and including this called) (a)							
one	28. If stillborn, full f. months period of gestation for weeks 29. Cause of stillbirt.	h/4 lb. for thing sussent. During labor 1						
ř l	period of gestation	During labor						
more than	COMMUNICATE OF ATTENDING	DUVSICIAN OR MEDWIFE						
بو	CERTIFICATE OF ATTENDING PHYSICIAN CO MIDWIFE  I hereby certify that I attended the birth of this child, who was the company of the company o							
ğ	I hereby certify that I attended the birth of this child, who	was the date above stated.						
	( When there was no attending physician)	BORN ALIVE OR STILL ORN						
ठ	or midwife, then the father, householder, (S	igned) &. Ko fto fto , M. D.						
case	etc., should make this return.							
	1 (a)	Midwife						
In.		Idress Calouse Wash.						
l l	l)	Jan 2 5 mm 5 The Str. V hornels						
B.		led						
ż	Registrar.	- i vicalusion.						
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PLACE OF DEATH DEPARTME		STATE OF IDAHO ENT OF PURLIC WELFARE U OF VITAL STATISTICS		DO NOT WRITE IN THIS SPACE		
City of Potlato	h	CERTIFI	CATE O	F DEATH	State File No926	75
-		Registration D	strict No.	May 65.	'	
		Primary Regist		No 652149	Local Registrar's No	
		(No				······
(If d 2. FULL NAME	eath occurred in Bernice	Marlene	Tempro	ve its name instead o	of street and number)	$-\lambda_{\hat{U}}$
(a) Residence	. No				Rt	v
Length of residence	in city or town v	where death occ	urred, yrs.		ident give city or town ar n U. S., if of foreign birth?	nd state) yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH (month, day and year) / 9 1			
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the word) Single						
5a. If married, wi	dowed, or divo			22 I HEREBY CERTIFY, That I attended deceased fro		
HUSBAND of (or) WIFE of				Herr allended Trec 198.		
6. DATE OF BIRT					ive on, 193	
7. AGE Years	an. 9, 1	Days	If LESS than		on the date stated above, see of death and related ca	
71177			1 day, hrs.	tance were as f		Date of on
Still 8. Trade, profes	UOFA	1	or min.	1. J	······································	
	K done se mais	nnes 37		July	V. 0	
9. Industry or	kkeeper, etc business in wh	ich	• • • • • • • • • • • • • • • • • • • •	······	•••••	
	one, as silk mill	None			••••••••••	
D 10. Date deceas	ed last work.	11. Total time	(years)		•••••	.
mal eu at thi	occupation	spent in this occupation		Other contribute	ory causes of importance:	
12. BIRTHPLACE	(city or town)	Petlat	ch			.   • • • • • • • • • • • • • • • • • •
(State or c	ountry)	Îda			••••••••••	,
13. NAME WE 14. BIRTHPLAC	alev F.	Tempro			••••••••••	. i <u></u>
14. BIRTHPLAC	<del>-</del>	Th- 1	B <b>€</b>	Name of operation	<del></del>	Date of
	r country)	Was		What test confirme	ed diagnosis? Was ther	e an autopsy
15. MAIDEN N  16. BIRTHPLAC  (State o	AME Della	Haynes		23. If death was d the following:	ue to exter'l causes (viole	nce) fill in s
o 16. BIRTHPLAC			wa	Accident, suicide,	or homicide? Date o	of injury, 1
	r country)	was.	n.	Where did injury (Sp	occur?ecify city or town, county,	and state)
17. INFORMANT . (Address)	Potla	tch, Ida.	ho	Specify whether in	njury occurred in industry	in home, or
18. BURIAL, CRE Place <b>P.</b>	MATION OR R	EMOVAL		Manner of injury		
19 UNDERTAKEE	н. в. к	imball			r injury in any way relate	
(Address)	Palo	use, Was	h	ll .	. If so, specify f	/
(Address)	.O.F. 1935. 7	yw. The	mpsa	(Signed) (Address)	and and the	, <u>سر</u>
i //		//	Registrar.			

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	W1 1003	Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

PLACE OF BIRTE CHACL TO TEATE DEPARTMENT OF PUBLIC WELFAREO County of Xxx BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH No.... 713-210:032. State File No Registration District No. (If born in hospital or institu-Prim. Registration District No. ......Local Registrar's No..... tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other .................................. 8. Premature 2.7. Legiti-If plural 8 Data M 2. Sex birth.... hirths Full term..... 5. Number, in order of birth matel RECORD. MOTHER 18. Full 9. Full FATHER Jefferson Catt maiden name name 10. Residence (usual place of above) 19. Residence (usual place of shode) A the 1 (If non-resident / give place and State) (If non-resident, give place and State) 11. Color or raceALLO 12. Age at last birthday 29 (years) 20. Color or racellant 21. Age at last birthday 2 (years) 22. Birthplace (city or place) (State or country) (Btate or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, House kind of work done, as spinner, above typist, nurse, clerk, etc...... sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must in this work 19...... in this work..... ....., 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living M. (b) Born alive but now dead......(c) Stillborn ..... or weeks 30. Cause of stillbirth aut. Before labor..... 29. If stillborn, During labor.... period of gestation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was slutthern att a m. on the date above stated. (Sorn Alive or Stillborn) When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address ..... Filed Registrar.

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STATE OF IDAHO PLACE OF DEATH Shou DEPARTMENT OF PUBLIC WELFARE statement DO NOT WRITE IN THIS SPACE BURBAU OF VITAL STATISTICS County of 'RECORD. Every B. Y. PHYSICIANS ST. Frank. CERTIFICATE OF DEATH State File No. 926 Registration District No.... Primary Registration District No..... Local Registrar's No. (If death occurred in a haspital or institution, give its name instead of street and number) (o 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) //o word) 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of law 10 ...., 1935... to fou 10 ..... 193.5. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h. \_\_alive\_on ....\_\_\_\_\_\_193...; death is said 7. AGE Years The principal cause of death and related causes of impor-Months Dava If LESS than 1 day,... hrs. Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town)..... (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town)..... (State or country) What test confirmed diagnosis?.... Was there an autopsy?... DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME should E OF D the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town)..... Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT ..... Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place..... Date..... 193... Nature of injury..... 24. Was disease or injury in any way red to eccupation 19. UNDERTAKER (Address of deceased?..... If so, specifyer, (Signed) ..... المرايد المراي 20. FILED. / (Address) .....

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1022	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	
(Tallstones	May 1, 1923	- Castroenterius	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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155-111-033-55 1. PLACE OF MATE STATE OF IDAHO TED MAK IN 1888 DEPARTMENT OF PUBLIC WELFARE 230002 BURNAU OF VITAL STATISTICS City of CERTIFICATE OF RIRTH 100 Registration District No. .... State File No. 1 (If born in homestal or in Prim. Registration District No. 2/28 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD N. B. N. 7. Legiti-4. Twin, triplet, or other.......... 6. Premature... if plural 8. Date of . 3. Sex birth.... births mate 5. Number, in order of birth..... Full term... number of FATHER 9. Pull 18. Full MOTHER maiden name // nama 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State PERMANENT each, and the (If non-resident, give place and State) 11. Color or race W.... | 12. Age at last birthday (years) 21. Age at last birthday 2K (year 22. Birthplace (city or place) 13. Birthplace (city or place)... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner,) typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc ..... 24. Industry or business in whick 15. Industry or business in which must be made work was done, as own home. work was done, as silk mill. sawmill, bank, etc..... lawyer's office, silk mill, etc. last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) in this work in this work in this work ....., 19...... 27. What prophylactic was used to prevent Opathalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead.......(c) Stillborn...... Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICAL m. on the date above stated. I hereby certify that I attended the birth of this child, who was. (Born Alive or Stilled) When there was no attending physician / (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address ...... WRITE Dre chil Filed 3 - 5-Registrar.

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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE RECORD. Every item County of Madison BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH City of Salem State File No... Registration District No. / O Primary Registration District No. Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 193 S ed or Divorced (write the Male Whiten word) Still Porn 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h....alive on ......, 193...: death\_is\_said Feb.11.1935 to have occurred on the date stated above, at //....m. 7. AGE Years The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: Date of onset 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, Still Born sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance, (mo. and yr.) ...... occupation ...... Salem 12. BIRTHPLACE (city or town (State or country) daho 13. NAME William L. Jensem Name of operation...... Date of...... 14. BIRTHPLACE (city or town) Salem DEA. What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also Erderle 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury..., 193. 16. BIRTHPLACE (city or town) Germany Ō Where did injury occur?...... (State or country) (Specify city or town, county, and state) 17. INFORMANT ....................Jensen Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place. Rexburg. Cemeternate 2/12 Nature of injury..... 24. Was disease or injury in any way related to eccupation 19 UNDERTAKER . Z. O. . . . (Address) of deceased?.... 20. FILED. 3 -.. 9 ... 1985. Mrs. 1/6 (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

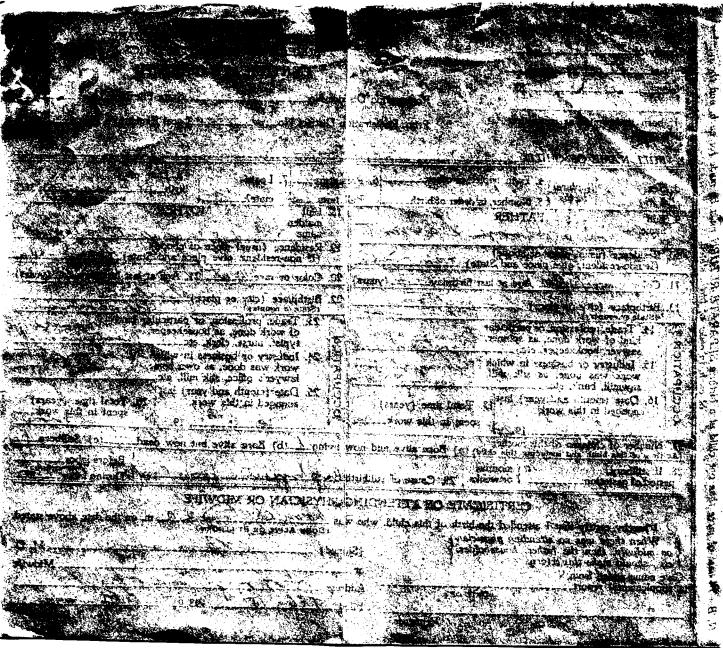
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:			
Gallstones	May 1, 1923	Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTI	HER STATEMENTS BY PHYSICIAN			
			*****************		

PLACE OF BIRTH STATE OF IDAHO must be made DEPARTMENT OF PUBLIC WELFARE 230038 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH (If born in hospital or kostitution Prim. Registration District No. \_\_\_\_\_\_Local Registrar's No.\_\_\_\_\_ give name.) FULL NAME OF CHILD. order of birth (If stillborn, substitute the word "Stillbirth" for name of shild) SEPARATE Date of Legiti-Sex of in order mate? birth Less Child 4 be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? FULL MAID FATHER FULL NAME .. NAME If non-resident, give place and State It non-resident, give place and State Color or race of the Annual Age at last Birthday Age at last Birthday ... 2.7... Birthplace -City and State or County) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, (Physician er midwife) etc., should make this return. A stillborn child is one that neither breathes nor Addressshows other evidence of life after birth.

ا الأ	1. PLACE OF SIRTH	STATE OF IDAHO
numbe	County of Thoshone	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 230082
the	City of Avry	CERTIFICATE OF BIRTH
and	NoSt. Registration I	District No. 127 State File No. 1
each,	(If born in hospital or institution Prim. Registre give name.)	ation District No. 2 400 Local Registrar's No. 2
e for	2. FULL NAME OF CHILD To Trans	
be made	3. Sex  If plural \( 4. \) Twin, triplet, or other 6. I births \( \) 5. Number, in order of birth 1	Full term 24 mate? (MONTH, DAYYEAR)
mast	9. Full PATHER Sargent	18. Fall MOTHER maiden Gladus margarite Floris
TURN stated.	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abods) (If non-resident, give place and State)
E RET birth, st	11. Color or race 11 12. Age at last birthday 42 (year	20. Color or race White 21. Age at last birthday 6 (years)
F-1	13. Birthplace (city or place)	22. Birthplace (city or place) Berling (State or country)
h, in order	14. Trade, profession, or particular kind of work done, as spinner, the sawyer, bookkeeper, etc.  15. Industry or business in which Tailway Stationary of the sawyer will mill the sawyer of the sawye	24. Industry or business in which Railway Station
at a birth, of eac	16. Date (month and year) last engaged in this work spent in this work	
child	27. Number of children of this mother  (At time of this hith and including this child) (a) Born alive and n	now living(b) Born alive but now dead(c) Stillborn
one	28. If stillborn, /0 months period of gestation or weeks 29. Cause of stillb	irth Bate hyperation from Care During labor
more than	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who	Was forn Outhrom 2 A. m. on the date above stated.  (BORN ALIVE OR STILLDEN)
case of 1	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) , M. D. , Midwife
—In a	(DATE OF)	Address Arry 210h
N. B.	Registrar.	Piled 7 Cb : /U 193 U Registrer.



WAR THE VIEW MAR & STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATI State File No. City of YSICIAN Registration District No.... Primary Registration District No. 2 2 200 Local Registrar's No. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... (a) Residence. No.... (If nonresident give city or town and state). (Usual place of abode) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign blirth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color of Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) -22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw htm. alive on . . T. L. 7, 1935 .: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at A.m. The principal cause of death and related causes of impor-7. AGE Years Months. If LESS than Days tance were as follows: 1 day, ... hrs or ..... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this \_ Other contributory causes of importance: (mo. and yr.) occupation ..... mportant 12. BIRTHPLACE (city or town) (State or country) 13. NAME Date of...... Name of operation ... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy? .... (State or country) DE HOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury -- , 193. 16. BIRTHPLACE (city or town). Where did injury occur?..... Ĉ (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ... 18. BURIAL, CREMATION Manner of injury..... 2. Ka Date . J. 1980 Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... If so, specify (Address) (Signed) .... (Address) ....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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LAAMIT LE 1		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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BRULLAR STATE OF IDAHO PLACE OF DEATH JRD. Every item HYSICIANS shoul Exact statement DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of State File No..... Registration District No.../ RECORD. E Primary Registration District No. 3 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No .... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Months Days ( If LESS than Date of onset 1 day.... hrs 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc...... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME ...... Date of ...... Name of operation.... APLACE (city or to What test confirmed diagnosis?.... Was there an autopsy?... (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide? ..... Date of injury.., 193. 16. BIRTHPLACE (city or Where did injury occur?... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) public place. ...... 18. BURIAL, CREMA OCCUP, Manner of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... (Address) (Signed) (Address)

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ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
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495-2261042 693 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WILFARD BURNAU OF VITAL STATISTICS Z.3() 1.1 Z City of JA ERTIFICATE OF BIRTH Registration District No. (If born in bespital or institu-Prim. Registration District No. 2085 Local Registrar's No. 7 tion give next FULL NAME OF CHILD .... 4. Twin, triplet, or other 6. Premature N B 8. Date of If plural 8.\_Sex birth . births. Full term 12 T mate 21.2 5. Number, in order of birth tema RECORD. MOTHER 18. Fun FATHER 9. Full maiden name name Residence (usual place of shode) 10. Residence (usual place of should) art non-resident, give place and State (If non-resident, give place and State) F. 21. Age at that birthday 20. Color or race 11. Color or racella... | 12. Age at last birthday / years 22. Birthplace (city or place) 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as epinner; typist nurse, clerk, etc. ...... sawyer, bookkeeper, etc OCCUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home, made work was done, as silk mill; lawyer's office, silk mill. etc. .... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) 2 last engaged in this work 17. Total time (years) spent last engaged in this work MURACE 19.50 must in this work. onuery 1955 27. What prophylactic was used to prevent Ophthamia Neonatorum? (). 112 28. Number of children of this mother (At time of this birth and including this child) ∠ Before labor.... period of gestation. Q 12 por weeks 30. Cause of stillbirth. WITH UNE 29. If stillborn, Topring labor 42 & CERTIFICATE OF ATTENDING PHASICIAN OR MIDW on the date above stated. I hereby certify that I attended the birth of this child, who torn Alive or Still PLAINLY Id at birth When there was no attending physician i or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... S Registrar.

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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of ... Palls CERTIFICATE OF DEATH State File No. City of Twin Falls Registration District No..... 24 Primary Registration District No. 1085 Local Registrar's No. (No. County Hospital (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Baby Chester L. Mink (a) Residence, No. 412 6th North St. (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race | 5. Single, Married, Widow-3. SEX 21. DATE OF DEATH (month, day and year) 1/26 193 5 ed or Divorced (write the word) Pemale White 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced ..... 193.... to ...... 193.... 193.... HUSBAND of (or) WIFE of I last saw h....alive on ................ 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 1. .. \( \Omega \). January 26, The principal cause of death and related causes of impor-If LESS than 7. AGE Months tance were as follows: 1 day,... hrs. Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as apinner. Nome sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... plain terms 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) Twin Falls (State or country) Traho 13. NAME Chester L. Mink Name of operation...... Date of ... 14. BIRTHPLACE (city or town). Battle..Creek... What test confirmed diagnosis? ... Was there an autopsy? (State or country) Nebraska -23. If death was due to exter'l causes (violence) fill in also the following: 15. MAIDEN NAME Dorthy Wilks Accident, suicide, or homicide?...... Date of injury... 193. ould OF L 16. BIRTHPLACE (city or town) Fwin Falls .... Where did injury occur?.... information shou state CAUSE OF OCCUPATION (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT ..... Chester L. Mink ..... (Address) 412 6th North Twin Falls Manner of injury. Love 18. BURIAL, CREMATION OR REMOVAL Place... Twin Falls... Date Jan . 28 1935 Nature of injury.... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER Stanley C., Phillips. of deceased? N.V. If so, spenty... (Amiless) . Twin Falls (Signed) . MM Caux . bx / Y/Ls . KL 193.5 (Address) T.I.Vie...

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EYAMPLE I

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9.—The industry of business in which the work was done.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
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TELVED MAR STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of June BURDAU OF VITAL STATISTICS f more to birth sta City of Registration District No. ...... State Wile No. 5 N. B.—In case of each, in order of (If born in heapital or institu-Prim. Registration District No. 2015 Local Registrar's No. tion give name.) FULL NAME OF CHILD. 4. Twin, triplet, or other................................... Premature 7. Legiti-8. Date of If plural 3. Sex hirth. hirtha mate 1/100 Full term. 42.0 (Month. 1 5. Number, in order of birth. Mal RECORD. MOTHER 18. Full/ FATHER 9. Wull maider name name 19, Residence (usual place of abade) 10. Residence (usual place/of abode) Mail non-resident, give place and State) (If non-resident, give place and State) translations PERMIANENT each, and the 20. Color or race and 21. Age at that birthder 2 (years) 11. Color or race which 12. Age at last birthday? Cycare 22. Birthplace (city or place) Sherman 13. Birthplace (city or place) Jackson (State or country) Musicais (State or country) Frade, profession. of particular 23. Trade, profession, or particular kind of work done, as housekeeper, alast tracker find of work done as spinner ATION bookkeeper, etc PeanDu 24. Industry or business in which 15./Index or business in which work was done, as own home. work was done, as silk will, lawyer's office, silk mill, etc. mad sawmill, bank, etc. Derlow/Karehand 25. Date (month and year) ast engaged in this work 16. Date (month and year) last engaged in this work 17. Total time (years) spent pe anuary 1932 in this work / Gre in this work far annary 1922 What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and ind)uding this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn..... Before labor.... or weeks 30. Cause of stillbirth Lunde 29. If atillborn, During labor..... neriod of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MEDWIFE m, on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from TE PI a supplemental report.... Registrar.

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PLACE OF DEATH DEPARTMENT OF PUBL	TO NOW THE THE TAX WITTE OF A CITY
County of the ATE O	TO TAIT A TOTAL 1 TO A TOTAL 1
City of Twin Falls. CERTIFICATE O	State File No
Registration District No	3./
	1000 13
Primary Registration District	No. Local Registrar's No.
(No. Jurn Jalle	to to put
(If death occurred in a hospital or institution, give	<b>A</b> .
2. FULL NAME See Charles 3 ar	Y The state of the
(a) Residence. No. 250, 6th Eve Latto,	St.
(Usual place of abode) Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single. Married; Widow. ed or Divorced (write the	21. DATE OF DEATH (month, day and year)
Male White word)	
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	, 193.D, to, 193.D
6. DATE OF BIRTH (month, day, and year)	I last saw h. implive on, 193 death is said
Jan. 19, 1935 Stillborn	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than	tance were as follows:  Date of onset
0 0 1 day, hrs. or min.	Still being
8. Trade, profession, or particular	due to mal puschan
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. ed at this occupation spent in this	Care language
9. Industry or business in which	sarry
work was done, as silk mill, saw mill, bank, etc	
10. Date deceased last work. 11. Total time (years)	
ed at this occupation spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Twin Talls (State or country)	
The same and a same and the control of the contr	
13. NAME Bert D. Barlow 14. BIRTHPLACE (city or town) Zackson, Miss.	Name of operation Date of
14. BIRTHPLACE (city or town) Zackson, Miss.	What test confirmed diagnosis? Was there an autopsy?
[State or country]	23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME Mildered Anna Jean	
5 16. BIRTHPLACE (city or Sharman, Texas	Accident, suicide, or homicide? Date of injury, 193.
(State op country)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT BEAT GARLANT	Specify whether injury occurred in industry, in home, or in
(Address)	public place
18. BURIAL, CREMATION-OR REMOVAL	Manner of injury
Place.Twin.Falls,Idapate1-20, 193	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation
(Address) will e Mortuary, Inc.	of deceased?
20. FILEI LU. 15. Wan Falls, Idano	(Signed)
The Lund Medistrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVAMBIE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	1	
	~			

102.042-5 STATE OF IDARO DEPARTMENT OF PUBLIC WELFARE County of Jaken BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 230129 KECOKD Registration District No. State File No. (If born in hospital or Prim. Begistration District No. 20 % S. Local Registrar's No. tion give name.) 호 PERMANENT 2. FULL NAME OF CHILD 6. Premature 7. Legiti-8. Date of « 4. Twin, triplet, or other. (f plural 3. Sex birth. births mate?.44 Full term.... 5. Number, in order of birth.... MOTHER 18. Full 9. Full maiden name name 19. Residence (usual place of abode 10. Residence (usual place of abode) (If non-resident, give place and State (If non-resident, give place and State) 11. Color or race [ 12. Age at last birthday 2 1 (years) RET. 20. Color or race 21. Age at last birthday. 25. (1 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ...... sawyer, bookkeeper, etc ... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. .... sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work in this work allower. in this work 19.3.5 27. What prophylactic was used to prevent Ophthalmis Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...(b) Born alive but now dead.......(c) Stillhorn.... WITH Before labor months 29. If stillborn, carrocks 30. Cause of stillbirth. period of gestation. Deseing labor than CERTIFICATE OF ATTENDING PHYSIC IN OR IN DWELL I hereby certify that I attended the birth of this child, who wis stilling at / 3/4. on the date above stated. When there was no attending physician or midwife, then the father, householder, WRITE etc., should make this return. Give name added from a supplemental report. (Date of) LE... 193.2. Registrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS. State File No. 927611 CERTIFICATE OF DEATH County of... Registration District No. 37 Local Registrar's No. 39 Primary Registration District No.....2085 (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME.... How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) (Month) (Year) 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of 2-35 3 -6. DATE OF BIRTH (month, day and year) that I last saw him alive on. If LESS than 1 day, 7. AGE Years Months Days that it may certificate. and that death occurred, on the date stated above, at The CAUSE OF DEATH\* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTOR (Secondary) (c) Name of employer (duration) .....yrs. ....mos. fH in plain instruction 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? ..... Did an operation precede death? Date of 10. NAME OF FATHER DEATH See inst Was there an autopsy? ..... What test confirmed diagnosis? PARENTS 11. BIRTHPLACE OF FATHER (city or town (State or Country) OF. important. 12. MAIDEN NAME OF MOTHER AUSE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) 18. BIRTHPLACE OF MOTHER (city or town)... whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) state C is very 19. r Removal Informant (Address 20. Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Collaboration," "Warasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory." statement of death is supplied. If no physician attended

spinal fever (the only definite synonym is "Epidemic

cerebrospinal meningitis"); Diphtheria (avoid use of

"Croup"); Typhoid fever (never report "Typhoid Pneu-

monia"); Lobar pneumonia; Bronchopneumonia ("Pneu-

monia," unqualified, is indefinite); Tuberculosis of lungs,

meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

1. Reflects by Epite MAP 7 1 County of Twin Falls	935	DEPART BURE	STATE OF II MENT OF PUI AU OF VITAL	
City of Buhl			RTIFICATE (	~
일 된 No St.	Registration Dis	trict No	39	State File No
g of (if born in hospital or institution give name.)	-			_Local Registrar's No
Z g 2. FULL NAME OF CHILD	none			1
3. Sex Male lift plural 4. Twin, triplet, or births 5. Number, in ord	r other6. Pro		<del></del>	8. Date of birth Feb. 12, 193_5
MB.1e of (5. Number, in ord	er of birth Fu	18. Full	mater_J_Q_B_	(MONTH, DAY, YEAR) OTHER
name	1 a.a	maiden name		McMurdie
Tvan S. Co.  10. Residence (usual place of abode) (If non-resident, give place and State)		40 0 :1	/	of abode) lace and State) Buhl
11. Color or race	thday 22 (years)		or race <b>X</b>	21. Age at last birthday 21_(years)
13. Birthplace (city or place) Utah		22. Birthol	ace (city or place or country)	e) <u>Utah</u>
2 to	aborer	Z of typ O 24. In	work done, as he pist, nurse, clerk, dustry or busines ork was done, as	or particular kind ousekeeper, etcHousewife s in which own home, mill, etc
2 16. Date (month and year) last engaged in this work sper	etal time (years)  nt in this work	·   -	ate (month and y	ear) last rk 26. Total time (years) spent in this work
27. Number of children of this mother (At time of this birth and including this child)	a) Born alive and no	w living 1	(b) Born alive l	but now dead_O(c) Stillborn
Ze Z	29. Cause of stillbir			Before labor
When there was no attent or midwife, then the father etc., should make this return.  Give name added from a supplemental report.	th of this child, who ding physician householder, (S	G P Sici was Stil ligned)	lborn (all local	IFE 12. P. m. on the date above stated.  M. D.  Buhl Idaho  1935
One	Registrar.	led	g: Survey, 1	Registrar.

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RECORD. Every item of PHYSICIANS should state Exact statement of OCGU.	STATE OF ID  PLACE OF DEATH  County of BUREAU OF VITAL  CERTIFICATE O  Registration District No  Primary Registration District  (No	SLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS F DEATH  Ct No. 70 87 Local Registrar's No
NENT LY. ied.	Length of residence in city or town where death occurred. yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS	ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
BINDING A PERMANE ited EXACTLY erly classified ificate.	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced write the word)  5a. If marled, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (month day, and year) / 2193 5  22. I HEREBY CERTIFY, That I attended deceased from
-THIS IS ould be sta	6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day,hrs. or min.	to have occurred on the date stated above, at
RGIN RESERV FADING INK- pplied. AGE sh ns, so that it ms instruction on b	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc	Other contributory causes of importance:
MAI WITH UN arefully su plain tern tant. See	(State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
LAINLY, V should be ca DEATH in	15. MAIDEN NAME CUTA LEGISTAL  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
ion s OF	17. INFORMENT (Address)  18. BURIAL, CREMATICS, OR DEMOVAL Place (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	place.  Manner of injury
N. BWRITH informatic GAUSE PATION	19. UNDERTAKER (Address)  20. FILED Y / Y , 19315	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  Automatical Auto
<b>A</b>		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH APP 1 1 1005 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of ... BURBAU OF VITAL STATISTICS n case of more order of birth st City of Para CERTIFICATE OF BIRTH No..... State File No. (If born in hospital or institu-Prim. Registration District No. 2.11.3 Local Registrar's No.2.2. tion give name.) 2. FULL NAME OF CRUS N. B.—In each, in if plural 8. Date of 3. Sex births birth. 5. Number, in order of birth..... Full term.... RECORD. mate!. Month, Der, Tear 9. Full FATHER MOTHER 18. Full name . maiden name 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State)..... (If non-resident, give place and that's) 20. Color or race. | 21. Age at last birthday 1% 11. Color or race. 12. | 12. Age at last birthday. 5.2 (years) 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, of particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. OCCUPATION typist, nurse, clerk, etc.... 15. Industry or business in which 24. Industry or business in which be made work was done, as own home, work was done, as silk mill, sawmill. bank. etc...... lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last esgaged in this work 17. Total time (years) spent must in this work 22 MJ 5 1935 in this work UNIFADING What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 2—(b) Born alive but now dead 7—(c) Stillborn. Before labor months or weeks 30. Cause of stillbirth 29. If stillborn. period of gestation 2.2.... During labor LDWEFE CERTIFICATE OF ATTENDING PHYS I hereby certify that I attended the birth of this child, who was When there was no attending physician / (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from \* a supplemental report..... Registrar.

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STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE RECORD. Every item statement BUREAU OF VITAL STATISFICS County of State File No..... Registration District No..... Primary Registration District No Local Registrar's No .. (If death occurred in a hospital or institution give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... **PERMANENT** (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH X 3. SEX 4. Color or Racel 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year ed or Divorced (write the 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) '3 to have occurred on the date stated above, at ......m. AGE Months The principal cause of death and related causes of impor-Days If LESS than tance were as follows: 1 day,... hrs. Date of onset ▶61 .... min. 8. Trade, profession, or particular IX kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... SCCC 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: UNFA (mo. and yr.) ...... ocupation. 12. BIRTHPLACE (city or town) (State or country) carefull FATHER 13. NAME / Name of operation...... Date of....... 14. BIRTHPLACE (city or town What test confirmed diagnosis?.... Was there an autopsy?... DEA. (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. Q shoul 16. BIRTHPLACE (city or town Where did injury occur?..... (State or country) (Specify city or town, county, and state) OL 17. INFORMANT Specify whether injury occurred in industry, in home, or in information (Address) mendias WRITE 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER (Address) (Signed) ... Registrar. 

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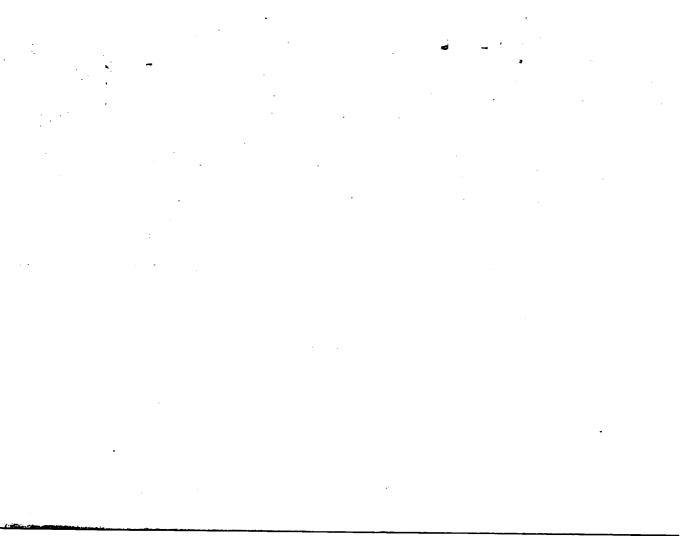
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EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		



EIVED MAY 1. 1985	STATE OF IDA	un.		•
AND MAY TO IND	DEPARTMENT OF PUBLIC		DO NOT WRITE	IN THIS SPACE
PLACE OF DEATH	BUREAU OF VITAL ST			93261-
	CERTIFICATE OF	DEATH	State File No	JOHOT.
County of St. Maries, Idaho	Registration District No	32	Local Registra	r's No. 18
(If death occurre	Primary Registration District (No	name instead of street and	) d number.)	20%
2. FULL NAME Finstad St  (a) Residence No				, 
(Usual place of abode) Length of residence in city or town where de		How long in U. S., if	(If nonresident give city	or town and State) rs. mos. ds.
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
3. SEX 4. COLOR OR RACE	or Divorced (write the word)	16. DATE OF DEAT	гн <b>27.</b> 1935	19
male White 5a. If married, widowed, or divorced	Stillbirth	gen sp., ge H. ct - Manufflanter		ay) (Year)
HUSBAND of (or) WIFE of			TIFY, That I attended de	
6. DATE OF BIRTH (month, day and year)	3/27/35		_ alive on	
7. AGE Years Months	Days If LESS than 1 day,	and that death occurre	ed, on the date stated above	re, atm
Stillbirth	hrs. or min.	The CAUSE OF DE		
8. OCCUPATION OF DECEASED		L	lukuvum	***************************************
(a) Trade, profession, or particular kind of work		Α		
(b) General nature of industry,		- 4. 4. 4.	/	
business, or establishment in which employed (or employer)		marana (	utinguration)	yrs mos ds
(c) Name of employer		CONTRIBUTORY(Secondary)		
		(Secondary)	(duration)	yrs ds
9. BIRTHPLACE (city or town) St (State or country)	, maries	18. Where was diseas	• •	, , , , , , , , , , , , , , , , , , , ,
10. NAME OF FATHER		-	ede death? Date	of
		Was there an autopsy	- 1	
	r town)	What test confirmed of		
(State or Country)	odge, Iowa	(Signed)	6 la Marine	UL M. I
<b>3</b>	ouge, owa	1	(Address) St.	,
12. MAIDEN NAME OF MOTHER Laura Belle Spriggl	<b>6</b>		·	
18. BIRTHPLACE OF MOTHER (city of State or Country)  Bay Ci		*State the DISEASI CAUSES, state (1) whether ACCIDENTA	E CAUSING DEATH, or i MEANS AND NATURE LL, SUICIDAL, or HOMI	n deaths from VIOLEN' OF INJURY, and (2 CIDAL,
14.		19. Place of Burial, (	Cremation, or Removal	Date of Burial
Informant Father (Address) St.	es Idaha			19
15. Mar. 0 35 /	In Hor. Pohers	20. Undertaker		Address
Filed 1100 1900	WILL HOUSE	11		F

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bron-Examples: Measies (disease causing death), 25 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascentiated as the cause. Always gualify disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a midwife.

head of "Contributory."

(N 3-101:006-67) STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Binghem BUREAU OF VITAL STATISTICS 230368 City of Blackfoot Rt. CERTIFICATE OF BIRTH No...... St. Registration District No. 116 State File No. (If bern in hospital or institu-Prim. Registration District No. 2195 Local Registrar's No. 19 tion give name.) 2. FULL NAME OF CHILD Dean Walter Walters વ્યું શુ ff plural 7. Legiti-8. Date of 3. Sex births Male 5. Number, in order of birth.... Full term.vos mate?.ye.s RECORD. number of 9. Full FATHER 18. Full MOTHER name malden Clifford J. Walters Ellen I. Willsims name 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State) Pingree PERMANENT each, and the (If non-resident, give place and State) Pingree 11. Color or raceWhite 12, Age at last birthday.42 (years) 20. Color or racelli Ltel 21. Age at last birthday. 4.3. (years) 13. Birthplace (city or place) tall 22. Birthplace (city or place)..... (State or country) (State or country) Utah 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. Housewife kind of work done, as spinner, sawyer, bookkeeper, etc Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Own farm

16. Date (month and year) last engaged in this work 17. Total time (years) spent kind of work done, as spinner, TION must be made for 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home 25. Date (month and year) 26. Total time (years) spent WITH UNFADING a Separate Return 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 1.1(b) Born alive but now dead......(c) Stillborn..... months Before labor....x..... 29. If stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PL'AINLY d at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report...(Date of) WRITE | Address Blackfoot Idaho Registrar.

The state of the s Marine Section 1975 PTOTO TO THE RESIDENCE OF THE RESIDENCE Her to Land Fred Live States to the same of the same of a Comparate and with the land of the second city. MARKET HIS TORK IN T W Trade of the state of the sta Take groups to protection that T Transport of the party of the gentler & year spire to the to de la constante de la constante de present complete or any time that the present that The same and the s with the same The part of The comparing of the species that the supering of the THE CALL CON THE PARTY THE PARTY AND A PARTY TO THE PARTY OF THE PARTY The Marie Co. The state of the s CHANGE OF THE OWNER OF THE PROPERTY OF THE PRO the same of the sa

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da 211º tima	
PLACE OF DEATH 450 CERTIFICATE OF IDEATH OF PUBLICATION OF VITAL CITY OF THE CERTIFICATE OF CERT	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
Registration District No Primary Registration District	2102
(If death occurred in a hospital or institution, gi  2. FULL NAME Unnamy Waller	
(a) Residence. No. (Usual place of abode) Length of residence in city or town where death querred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign blirth? yrs, mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Bacel 5 Single Married Widow	MEDICAL CERTIFICATE OF DEATH
ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 3/-193 3
mali While (word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
march/ : 1835	
AGE Years Months Days If LESS than 1 day, hrs.	The principal cause of death and related causes of impor- tance were a follows:  Date of onset
8. Trade, profession, or particular	diel to autoaced 12-1-3
sawyer, bookkeeper, etc	the mother was
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	- 15 lus lefore
10. Date deceased last work-cd at this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Linguit (State or country)	
13. NAME ( 9. 11/2 / 1)	
14. BIRTHPLACE (city or town). Wiret Jarde	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellen Williams	23. If death was due to exter'l causes (violence) fill in also the following:  Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury. Auto. Allum
Place. Thomas Date 3 2, 1935	Nature of injury
19. UNDERTAKER ET Pula	24. Was disease or injury in any way related to occupation
(Address) Blackfort	of deceased? If so specify
20. FILED. 3, 193 Messay Commen	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
	~~~~			

20.010-23 STATE OF IDAHO PLACE OF BIRTH. DEPARTMENT OF PUBLIC WILLIARE of more the County of. BUREAU OF VITAL STATISTICS 23048 APRIL City of alel CERTIFICATE OF BIRTH State File No. .... Registration District No. ..... (If born in hospital or Prim. Registration District No. 14 Local Registrar's No. 14 tion give name.) Base 2. FULL NAME N. B. 7. Legiti-8. Date of Dolural 3. Sex births 5. Number, in order of birth..... mate?...41 Full term. number of MOTHER 18. Full FATHER Kull Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of shode) 70 3 (If non-resident, give place and State) dela la (If non-resident, give place and State) PERMANENT 20. Color or racely like 21. Age at last birthday..... 11. Color or racely hill 12. Age at last birthday Q2 (years) 22. Birthplace (city or place). Call Make 13. Birthplace (city or place). (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, 24. Industry or business in which 15. Industry or business in which work was done, as own home. made work was done, as silk mill, 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 last engaged in this work in this work Lucation must in this work / user maria 11 .... mark 1935 28. Number of children of this mother (At time of this birth and including this child) Return (a) Born alive and now living. 0...(b) Born alive but now dead. 1...(c) Stillborn. 1..... Before labor..... or weeks 30. Cause of stillbirth.... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSIC 10% m. on the dete above stated. I hereby certify that I attended the birth of this child, who was birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report. (Date of) 730 Registrar.

A STATE OF THE PROPERTY OF THE PARTY OF THE THE THEORY OF THE PARTY OF THE The state of the s wild be the control of the The state of the s Me was the Mark May on an action to such the control of the case of the And Andrew Continues to single The same of the sa the exper to nesteen a first of the control of the The William To work the Town typic trade chet; che ..... the industry as openions as exceptions as dendre at menione to a series of A TOTAL TOTAL the stie sollo everyel The first of the contract of t THE PROPERTY OF the same of the Appendix of the same and respect to the same are same to profit to the same are same and the same are same and the same are same And the state of t AND THE TAKE THE PARTY OF THE SHAPE OF BACK TO THE SHAPE OF THE STATE tions distributed in the second interest with the the state of the s restriction of the character in the character in 1002 bone a super

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### STATE OF IDAHO DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. Local Registrar's No.... (No. .....) (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. Marke 10 CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 2 SEX 4. Color or Race | 5. Single, Married, Widow, ed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) 22 I HEREBY CERTIFY, That I attended deceased from a. If married, widowed, or divorced ...... 193.... to ...... 193.... HUSBAND of (or) WIFE of I last saw h...alive on .......... 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Days If LESS than Months tance were as follows: 1 day .... hrs. or .... min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) 3 ed at this occupation spent in this Other contributory causes of importance: Alles (mo. and yr.) ..... occupation .... 12. BIRTHPLACE (city or town) ... (State or country) FATHER 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16, BIRTHPLACE (city or Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury ... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... (Address) (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work doad that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onve
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gailstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 230660 CERTIFICATE OF BIRTH Registration District No...... .....State File No..... Prima Registration District No. \_\_\_\_\_\_Local Registrar's No... give name.) (If stillborn, substitute the word "Stillbirth" for name of shild) Number Twin Legiti-Sex of Triplet and in order birth or other? (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth ...................... (a) Born alive and now living ..... Born alive but now dead \_\_\_\_\_\_Stillborn \_\_\_\_ birth FULL MOTHER MATDEN NAME /./ It non-resident, give place and State If non-resident, give place and State Age at last Birthday.... (Years) Birthplace/ (City and State or County) (City and State or County) 1 grown Occupation . CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) \*Where there was no attending physician or midwife, then the father, householder, Physician or midwife etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.



VED APR 1 TY80 STATE OF IDAHO PLACE OF DEATH CORD. Every item of PHYSICIANS should DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County City Registration District No..... Primary Registration District No ..... Local Registrar's No .... RECORD (No. ed in a hospitation institution give its name instead of street and number) FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single. Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) Nav 25193 word) That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF I last saw her alive on BIRTH (month, day, and year) to have occurred on the date stated above, at ... S.p.m. AGE Years The principal cause of death and related causes of impor-Months Days If LESS than were as follows: Date of onset 1 day,... hrs. 0 or .... min. 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation .. important 12. BIRTHPLACE reity or town (State or country) Name of operation...... Date of...... 14. BIRTHPLACE (city or to What test confirmed diagnosis?.... Was there an autopsy?... Ξ, (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: QF. Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) Lowell 17. INFORMANT Specify whether injury occurred in industry, in home, or in information (Address) Fairvi Idaho public place. ...... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date 3 Nature of injury..... None 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.. (Signed) (Address) ...

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and only home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

667-20-036-318 PLACE OF BIRTH STATE OF SDAHO -In case of more than norder of hirth stated. DEPARTMENT OF PUBLIC WELFARE County of 4 BURRAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ~230726 Registration District No. ..... \_\_\_\_State File No. (If born in hospital or institut Local Registrar's No..... Prim. Registration District No. tion give name.) 2. FULL NAME OF C [[ Ndral N. B.-Premature X 7. Legiti-4. Twin, triplet, or other 8. Date of birth 244 3. Sex births 5. Number, in order of birth.2 Full term..... mate! 1 RECORD. MOTHER 18. Full FATHER 9. Full maiden name then Thera name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). Resident (If non-resident, give place and State) ...... the th 20. Color or race. 21. Age at last birthday. 11. Color or race. 12. | 12. Age at last birthday 2. Tyears PERMANI cach, and Birthplace (city or place) - 14 (State or country) niew mener (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home, lawyer's office, silk mill, etc. work was done, as silk mill, sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work mast in this work...... 19..... Dec. 1935 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADENG 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...3...(b) Born alive but now dead.....(c) Stillborn...2. Before labor.... or weeks 30. Cause of stillbirth. 29. If stillborn. period of gestation Buring labor..... Separ. CERTIFICATE OF ATTENDING PHYSICLA I hereby certify that I attended the birth of this child, who was the later above stated. Alive or INLY birth When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from child a supplemental report..... Address (Date of) Registrar.

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STATE OF IDAHO CORD. Every item or PHYSICIANS should DO NOT WRITE IN THIS SPACE RIMENT OF PUBLIC WELFARE Jefferson BUREAU OF VITAL STATISTICS County of ..... Rigby Registration District No..... Primary Registration District No. 2176 -Carolina Fox. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign barth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the 3. SEX 21. DATE OF DEATH (month, day and year) 3/20 1935 Whi te 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Warch 20, ] to have occurred on the date stated above, at .1.O.. Pm. The principal cause of death and related causes of impor-7. AGE Years Months Davs If LESS than tance were as follows: Date of onser 1 day,... hrs. O or .... min. Stilldan 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation . 12. BIRTHPLACE (city or town)... . (State or country) 13. NAME Dewitt Fox. Name of operation...... Date of...... 14. BIRTHPLACE (city or town).. Colu: What test confirmed diagnosis? . . . Was there an autopsy?~ (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also Ester Taylor. 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. Calo. Q 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) public place, ..... CREMATION OR REMOVAL Manner of injury..... Idaho. 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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9.—The industry of business in which the work was done.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

667-220-026-318 MARS OF IDAHO EÑ APR 12 1986 DEPARTMENT CO. PUBLIC WILLIAM County of 11 -cd BURNAU OF VITAL WEATISMOS CHLY OF MAN CERTIFICATE OF BIRTH Stath File No. Registration District No. ..... (If born in hospital Prim. Registration District No. 6 Local Resistrar's No. tion give name.) 2. FULL NEED CHILD. A P Premature X 7. Legiti-8. Date g 4. Twin, triplet, or other (f plural 3. Sex births 5. Number, in order of birth. Full term..... RECORD. MOTHER 18. Full FATHER 9. Full name G maiden ther Viera Kernit Fax name' 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State).... (If non-resident, give place and State)..... 20. Color or race 142. | 21. Age at last birthday 24 11. Color or race 142. | 12. Age at last birthday 25 (years 13. Birthplace (city or place) 22. Birthplace (city or place). Company (State or country) (State or country) each. 22. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc ATION 24. Industry or business in which 15. Industry or business in which work was done, as own home, made work was done, as silk .mill, lawyer's office, silk mill, etc. ... sawmill, bank, etc. Ze. 25. Date (month and year) 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 16. Date (month and year) 2 last engaged in this work in this work Z in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 3. (b) Born alive but now dead. ... (c) Stillborn. 2... Before labor. or weeks 30. Cause of stillbirth. 29. If stillborn. period of gestation 6 ...... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN COMMUNICE I hereby certify that I attended the birth of this child, who was attacked Het/A. m. on the date above stated. When there was no attending physician / (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report.......(Date of) WRITE One child Registrar.

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STATE OF IDAHO TMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS County of Jefferson -Rigby State File No ..... Registration District No.....98 Primary Registration District No. 2176 RECORD (No. .....)
(If death occurred in a hospital or institution, give its name instead of street and number) Saroll Fox. (a) Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds, How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word) 3. SEX 3/20 1935 21. DATE OF DEATH (month, day and year) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 193...: death is said 6. DATE OF BIRTH (month, day, and year)

118rch 20, 1935 to have occurred on the date stated above, at 10. P.m. The principal cause of death and related causes of impori. AGE Years Months Days If LESS than tance were as follows: 1 day,... hrs. 0 0 or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation . Rigby, 12. BIRTHPLACE (city or town). (State or country) FATHER Dewitt Fox. 13. NAME Name of operation...... Date of...... What test confirmed diagnosis? .... Was there an autopsy? ... (State or country) DEA 23. If death was due to exter'l causes (violence) fill in also Ester Tawlor. 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. Colo Ö 16. BIRTHPLACE (city or town). Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT . DE W Specify whether injury occurred in industry, in home, or in Rigby. Idaho: (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Idaho. Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.... (Address) (Signed) ..../

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

WED APR 10 188 515 207 027689 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of... CERTIFICATE OF BIRTH (If born in hospital or inst Prim. Registration District No.\_\_\_\_Local Registrar's No.\_\_ give name.) 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_7. Legitibirth Man mate? "Le births 5. Number, in order of birth\_\_\_\_ Full term\_\_\_\_ (MONTH, DAY, YEAR) MOTHER 18. Full **FATHER** 9. Full maiden white albert name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or racely facts 21. Age at last birthday 4/ (years) 13. Birthplace (city or place) well cat, mo 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc\_\_\_\_\_ sawver, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. Que sawmill, bank, etc. \_\_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last 26. Total time (years) engaged in this work engaged in this work spent in this work spent in this work... (At time of this birth and including this child) (a) Born alive and now living 7. (b) Born alive but now dead 1. (c) Stillborn 1. Before labor ... months 28. If stillborn. period of gestation or weeks 29. Cause of stillbirth During labor .... CERTIFICATE OF ATTENDING PHYSICIAL MIDWIFE. at // i 3 d Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report\_\_

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PLACE OF DEATH County Jerone City of Ferone	DEPARTMENT OF PUBLICATE OF IDEPARTMENT OF PUBLICATE OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
X_ /	(No	t No. Local Registrar's No
	n where death occurredyrs	St.  (If nonresident give city or town and state)  mos_ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH
LY	5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 18
5a. If married, widowed, or div HUSBAND of (or) WIFE of	word)	22. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1935, to March 7, 1935.  I last saw h. Sile of Correct, 193 death is se
7. AGE Years Months	Days If LESS than 1 day hrs. or min	The principal cause of death and related causes of impertance were as follows:
8. Trade, profession, or partikind of work done, as an sawyer, bookkeeper, etc 9. Industry or business in work was done, as all m	cular pluner	Stillborn
10. Date deceased last work ed at this occupation (mo. and yr.)	11. Total time (years) spent in this	Other contributory causes of importance:
12. BIRTHPLACE (city or tow (State or country)	Jerone Ellent nonce	
14. BIRTHPLACE (city or t		Name of operation Date of
(State or country)	mo	What test confirmed diagnosis? Was there an autopsy 23. If death was due to exter'l causes (violence) fill in a the following:
5 16. BIRTHPLACE (city or t		Accident, suicide, or homicide? Date of injury, 1
(State or country) 17. INFORMANT	noul	(Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or
(Address)  18. BURIAL, CREMATION OR Plage	REMOVAL Dat 3 - 7 1935	public place.  Manner of injury
19. UNDERVAKER (Address)	wily.	24. Was disease or injury in any way related to occupate of deceased? If s. specific fill the specific of the specific fill the specifi

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PHYSICIANS should state OCCUPA-STATE OF IDAHO DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. 65 Mary Registration District No. 2/45 Local Registrar's No..... statement PERMANENT RECORD. hospital or institution, give it name instead of street and number.) Jameron Residence, No. (If nonresident give city or town and state) (Usual place of abode)
Length of residence in city or town where death occurred. ds. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY, That I attended deceased from....... nusle 5a. If maried, widowed, or divorced HUSBAND of , 193 : death is said properly (or) WIFE of 6. DATE OF BIRTH (month, day, and year) MARGIN RESERVED FOR The principal cause of death and related causes of importance were as follows: Date of onset If LESS than 7. AGE Months Days Years 1 day hrs. should min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc ..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this instruction this occupation (month and 12. BIRTHPLACE (city or town)
(State or country) FATHER Date of 13. NAME Name of operation..... See What test confirmed diagnosis? ...... Was there an autopsy? 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter Icauses (violence) fill in also the following: important. in. MOTHER Accident, suicide, or homicide? \_\_\_\_\_\_, 193 15. MAIDEN NAME DEATH Where did injury occur?. 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury.... 18. BURIAL, CREMATION Nature of injury..... CAUSE 24. Was disease or injury in any way related to occupation of deceased? LION 19. UNDERTAKER ZW If so, specify (Address)

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1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
FOR FURTH	ER STATEMENTS BY PHYSICIAN			
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other CONTRIBUTORY CAUSES of importance:		

432 105 030-156 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE APR 1519 of more BUREAU OF VITAL STATISTICS City of De CERTIFICATE OF BIRTH 230811 Case o Registration District No. State File No.\_\_\_\_ (If born in hospital or Prim. Registration District No. 2.1/6 Local Registrar's No. give name.) 2. FULL NAME OF *CHILD* PERMANENT RECORD. ch, and the number of each, 4. Twin, triplet, or other\_\_\_\_\_6. Premature X 7. Legiti-8. Date of If plurai 3. Sex birth March 5 births Full term\_\_\_\_ 5. Number, in order of birth\_\_\_\_ mate?\_ (MONTH, DAY, YEAR) 18. Full MOTHER 9. Full **FATHER** maiden namy name arland rochel Olto Kenneth 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 22. 21. Age at last birthdays (years) 11. Color or race\_41\_ 12. Age at last birthday\_45\_(years) 22. Birthplace (city or place) 13. Birthplace (city or place) Leleu au (State or country) (State or country) ware **₹** 23. Trade, profession, or particular kind 14. Trade, profession, or particular ស្ត of work done, as housekeeper, kind of work done, as spinner. PATION THIS typist, nurse, clerk, etc\_\_\_\_\_ sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc.. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) moust 25. Date (month and year) last | engaged in this work 26. Total time (years) UNFADING I spent in this work. E. Keners spent in this work\_\_\_\_\_ 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living \(\frac{\chi}{\chi}\)(b) Born alive but now dead\_\_\_\_(c) Stillborn. Before labor\_\_\_\_\_ SEPARATE ] months 28. If stillborn. 29. Cause of stillbirth Your alun period of gestation X. or weeks During labor\_\_\_\_\_ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE m. on the date above stated I hereby certify that I attended the birth of this child, who was -PLAINLY bild at birth, (BORN ALIVE O STILLBORN) When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. \_\_\_\_\_ Midwife Give name added from a supplemental report\_\_\_\_\_ (DATE OF) Registrar.

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433-129-030-595 PLACE OF STATE OF IDAHO D APR 15 1985 DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of Dalu CERTIFICATE OF BIRTH 230828 Registration District No. State File No. i i (If born in hospital or institution Prim. Registration District No.\_\_2 \_Local Registrar's No.\_ N. B. L. give name.) FULL NAME OF CHILD.... ENT RECORD, number of each, 4. Twin, triplet, or other\_\_\_\_\_ 8. Date of 7. Legiti-6. Premature\_\_\_ 3. Sex If plurai birth March births 5. Number, in order of birth.... Full term\_X mate2 (MONTH, DAY, YEAR) 18. Full MOTHER 9. Full **FATHER** maiden PERMANENT ch, and the numb name Extin Man 19. Residence Augual place of abode) 10. Residence (usual place of abode (If non-resident, give place and State) (If non-resident, give place and State) Carried 11. Color or race 12. Age at last birthday 4.5. (years) 20. Color or race 21. Age at last birthday 4.2 (years 22. Birthplace (city or place) Canalase 13. Birthplace (city or place) \_\_\_\_\_\_\_ (State or country) ďğ (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular SP of work done, as housekeeper, kind of work done, as spinner, round PATION OCCUPATION typist, nurse, clerk, etc. \_\_\_\_\_ ficusate THIS made sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. our theref work was done, as silk mill, WITH UNFADING INK

a Separate Return must be lawyer's office, silk mill, etc.. sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work. spent in this work\_2\_3\_ y/squeez 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead \_\_\_(c) Stillborn \_\_ Before labor. months 28. If stillborn. or weeks 29. Cause of stillbirth period of gestation\_ During labor\_ CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE \_\_\_\_ m. on the date above stated I hereby certify that I attended the birth of this child, who was . PLAINLY bild at birth, When there was no attending physician ) or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report\_\_\_\_\_ (DATE OF) 1935 Clin C Bell Registrar.

Company of the Control of the Contro THE PARTY OF THE PARTY OF Tank and by law we down was

STATE OF IDAHO N. B.—In case of more that each, in order of birth state DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 230852 No..... Registration District No. / Le State File No. (If born in haspital of institu-Prim. Registration District No. Local Registrar's No. 24 tion give name 2. FULL NAME OF CHILD If plural 8. Date of 3. Sex birth births (Month, Day, Year 5. Number, in order of birth..... Full term mote? RECORD. 18. Full MOTHER 9. Full EATHER maiden name. name 19. Residence (usual place of abode) 10. Residence (usual prace of abode) (If non-resident, give place and PERMANENT each, and the (If non-resident give place and State) 11. Color or race... 12. Age at last Withday 22 years 20. Color or race. 21. Age at lat birthday 22. Birthplace (city or place)... 13. Birthplace (city or place). (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as houselfeener. kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc ..... 15. Industry or business in which 24. Industry or business in which made work was done, as own home. work was done, as silk will lawyer's office, silk mill, etc. .... sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent pe 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must in this work. 6 in this work.... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 4...(b) Born alive but now dead......(c) Stillborn. ..... Before labor weeks 30. Cause of stillbirth. 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYS 56 m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Born Alive or Stillbon When there was no attending physician I or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report..... Address ك 193 Registrar.



497 213 035: 381 PLACE OF BIRTH ADD OHADI TO STATE County of de Jerre DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of Autoria CERTIFICATE OF BIRTH 230908 Registration District No. 1009 State File No. (If born in hospital or institution give name.) Prim, Registration District No. \_\_\_\_\_ Local Basistrar's No. 2. FULL NAME OF CHILD N. B.-[f plural 8. Date of birth 3/ 3. Sex births 5. Number, in order of birth..... Full term..... meterles RECORD. 9. Full 18. Full MOTHER FATHER . name maiden name 10. Residence (usual place of abode) (Kogersburg 19. Residence (usual place of shode) (Togeral PERMANENT each, and the (If non-resident, give place and State) W (If non-resident, give place and State) ......... 11. Color or race. 4)... | 12. Age at last birthday. 3/a. (years) 20. Color or race. [1] | 21. Age at last birthday. 29 (years 22. Birthplace (city or place) daho 13. Birthplace (city or place) Lagle (State or country) (State or country) 14. Trade, profession, or particular -23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, CUPATION INK-THIS IS A must be made for sawyer, bookkeeper, etc ..... typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill. sawmill, bank, etc..... lawyer's office, silk mill, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
 Total time (years) spent K in this work in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Repurs 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn. period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICIAN UR MIDWIFE At live or Sulborn) I hereby certify that I attended the birth of this child, who was PLAINLY When there was no attending physician / (Signed) Etherelout M. D. or midwife, then the father, householder, etc. should make this return. Give name added from Address Lewistan Idalia a supplemental report......(Date of) Filed # 9 198.5 Registrar.

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ED APR I Bladdort OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE THIS SPACE BUREAU OF VITAL STATISTICS County of Maz Porga CERTIFICATE OF DEATH State File No..... City of Lawiston Registration District No. 100 a Local Registrar's No. 272 RECORD (No. St. Joseph Hospital (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Sigler (a) Residence. No. Rogersburg Washington (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 3/18 195 ed or Divorced (write the word) female 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced 3-13..... 1935... to ... 3-13....... 193.8.7 HUSBAND of (or) WIFE of I last saw her.alive on ..3.13..., 193J..: death is said 6. DATE OF BIRTH (month, day, and year) Still Born to have occurred on the date stated above, at ......m. AGE. Months The principal cause of death and related causes of impor-Days If LESS than tance were as follows: 1 day .... hrs. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill. bank. etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation Anti-12. BIRTHPLACE (city or town). Lewis.ton..... (State or country) Gerald Sigler 13. NAME 14. BIRTHPLACE (city or town) Sandpoint. What test confirmed diagnosis? Mytotas there an autopsy? (1) DEA. HOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Doris Chapman the following: on should USE OF D TION is Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town)...Asctin...
(State or country) washington Where did injury occur?..... (Specify city or town, county, and state) 17. INFORMANT . DORIS . Sigler Specify whether injury occurred in industry, in home, or in (Address) Rogersburg Washington public place. ...... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place. Asotin. Wash.... Date 3/14 ... 193 5 Nature of injury...... 24. Was disease or injury in any way related to occupation .H. R. .**Merc**hant 19 UNDERTAKER . (Address) of deceased?.. IN If so, specify .... Clarkston washington 20. FILED .. 4. /.. 6... 193.5. ...

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

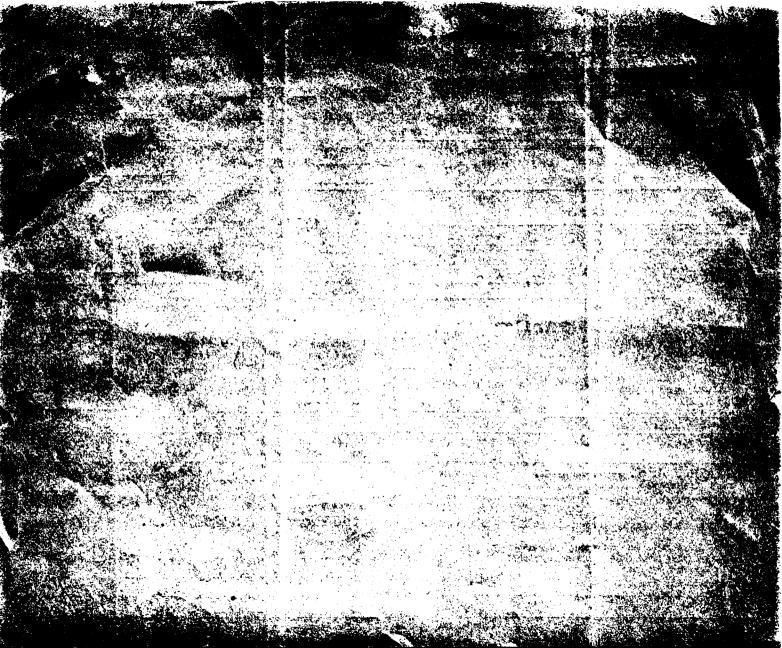
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of cases			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5, 1927	Peritonitis	3 days ago			
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year			
FOR FURTH	HER STATEMENTS BY PHYSICIAN				
		******************			
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1915 Attack of epilepsy Run over by street car  Peritonitis			

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MILLI!	VED 1	J 1935	<b></b>			
	F DEATH		TATE OF IDA NT OF PUBL	AHO IC WELFARE	DO NOT WRITE IN	THIS SPACE
county of B	annock	BUREAU	OF VITAL	STATISTICS		
	ocatello	CERTIFI	CATE O	F DEATH	State File No928	44
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Registration D	istrict No	28		
	1	Primary Regist	tration District	No. 2/6/	Local Registrar's No	3/9
		(No. Sai.	nt Antho	onyda Hosp.	ital ,	G
	(If death occurred in ME In:	n'a hospital or fant Ha	institution, giv	ve its name instead (	of street and number)	$\gamma^{\mathfrak{d}}$
	lence. No	Pocate.	llo, Idal	ho.	C1	•
(Usua	al place of abode)		curred, yrs.	(If nonres mos. ds. How long i	sident give city or town and U.S., if of foreign birth?	ind state) yrs. mos. ds.
	AL AND STATIST			MEDICA	AL CERTIFICATE OF DE	ATH
3. SEX	4. Color or Race	5. Single, Ma. ed or Divorc	rried, Widow.	21. DATE OF DEA	ATH (month, day and yea	Mar. 2, 1935
Male	White	word) 3	ingle		ERTIFY, That I attended	
HUSBAND		rced			., 1935, to	3 2 193
(or) WIFE	of BIRTH (month, day	074 2007		I last saw hal	/ /	: death is said
	Larch		<b>35</b> •	11 /	on the date stated above,	
. AGE Y	Years Months	Days	If LESS than		se of death and related of	
St	ill-born		1 day, hrs. or min.	tance were as i	follows:	Date of onset
8. Trade, p	rofession, or particu	ilar	or min.	Trema	Liere (6 mas	
kind of	work done, as spi bookkeeper, etc	nner. ht	one	1 Steel	borne	
9. Industry	or business in whas done, as silk mil	ich		prolop	en alle Care	$\ell$
saw mi	ill, bank, etc	· · · · · · · · · · · · · · · · · · ·	nfant			
≰∣ ed at	eceased last work- this occupation d yr.)	11. Total time spent in thi occupation	s	Other contribut	ory causes of importance;	
12 BIRTHPI.	ACE (city or town	, Pocate	llo.			
(State	or country)		Idaho	J	<i>/</i>	
E   13. NAME	Orvin	M. Hale				
13. NAME 14. BIRTH	PLACE (city or to	wn)Lound	Valley, Idano.		ed diagnosis Was the	
15. MAIDE	en name Li	llie Be	lnap	the following:	due to exter'l causes (viol	
16. BIRTH	IPLACE (city or to ate or country)	wn) Lor	eland, Idaho.	Where did injur	or homicide? Date y occur? pecify city or town, count	
17. INFORMA	NT Orvin	M. Hale tello, I	Anho	Specify whether	injury occurred in industr	y, in home, or i
	CREMATION OR F		uuiio •	li -	,	
	Groveland, I		ar. 3 4935	!3	·	
19 UNDERTA	AKER Hal	l Mortu	ary		or injury in any way rela	
(Addre	ess) Po	cetello		.	If so, specify.	·()
20. FILED	r.• . 3, , <sub>198</sub> .5.•	Myan	Depul	(Signed)	Pocatello	Idaho.
		1 /	Registrar.	(Address)		' <del></del>

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

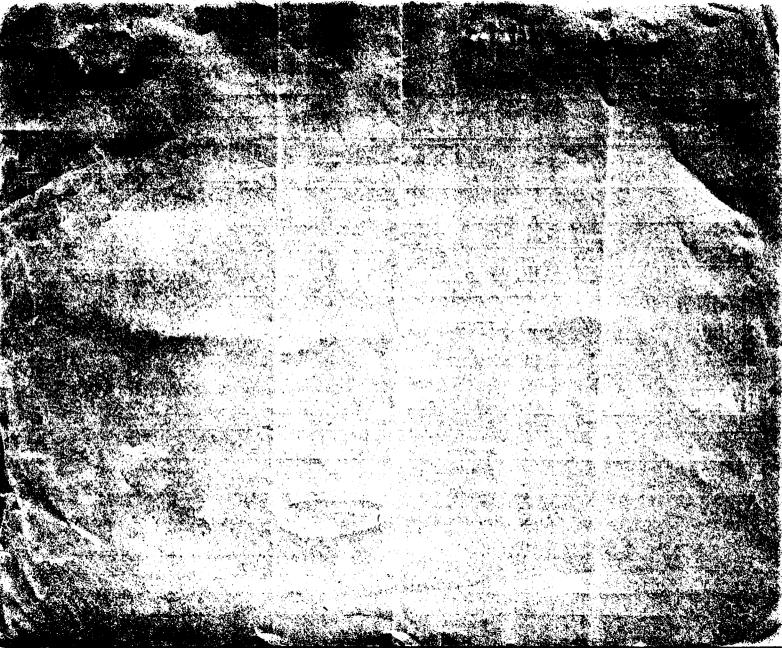
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engibisinguish carefully the different kinds of engineers of stating the full descriptive times, as the engineer, incomment engineer, extended, meer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
		. T		



N. B....WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED APP	151935 TATE OF ID.	AHO ▼ -	
PLACE OF DEATH Bannock	DEPARTMENT OF PUBL BUREAU OF VITAL		DO NOT WRITE IN THIS SPACE
County of	CERTIFICATE C		92850
City of Pocatello	CERTIFICATE C		State File No
	Registration District No		220
	Primary Registration Distric		Local Registrar's No. 338
(If death occurred	(No. Saint Antho		<u>_</u>
2. FULL NAME Infar	it Nebeker	ve its name instead	of street and number)
(a) Residence. No	Pocatello, Idaho.		
(Usual place of abode)		(If nonre	sident give city or town and state) in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIS		1	
	e 5. Single, Married, Widow.	<b> </b>	AL CERTIFICATE OF DEATH
Male White	ed or Divorced (write the word) Single	21. DATE OF DE	ATH (month, day and year Mar. 20493
5a. If married, widowed, or div	D111070	22. I HEREBY C	ERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of		ب بر	., 193, to
6. DATE OF BIRTH (month, do		li .	live on, 193: death is said
7. AGE Years Months	20, 1935.		on the date stated above, atm. se of death and related causes of impor-
	1 day, hrs.	tance were as	follows:
8. Trade, profession, or parti	or min.	Milecs	tee leves
	None None	Pi	el (
9. Industry or business in work was done, as wilk mosaw mill, bank, etc 10. Date deceased last work ed at this occupation	hich ill, (Tnfant)	few in	uches opher
10. Date deceased last work. ed at this occupation (mo. and yr.)	spent in this	Other contribut	ory causes of importance:
12. BIRTHPLACE (city or tow	n). Pocatello, Ida.	-	
(State or country)			
2 13. NAME D. L. N	Ch alla	Name of operatio	n Date of
14. BIRTHPLACE (city or t (State or country)	own) Sh elley, Idaho.	1	ed diagnosis? Was there an autopsy?
15. MAIDEN NAME	Etha J. Quimn	the following:	due to exter'l causes (violence) fill in also
16. BIRTHPLACE (city or (State or country)	own)Firth,	Where did injur	or homicide? Date of injury, 193. y occur?
17. INFORMANT D. L.	Nebeker	li .	pecify city or town, county, and state) injury occurred in industry, in home, or in
(Address) Pool 18. BURIAL, CREMATION OR	eatello, Ideho.	1	
	ho. Date Mar. 22, 193	) II	y
10 UNDERTAKER	Mall Mortuary		or injury in any way related to occupation
(Address) Po	Jan Idaho.	of deceased? (Signed)	If so, specify. The pocatello, Idaho.
	Registrar.	(Address)	, coatolio, ladiot

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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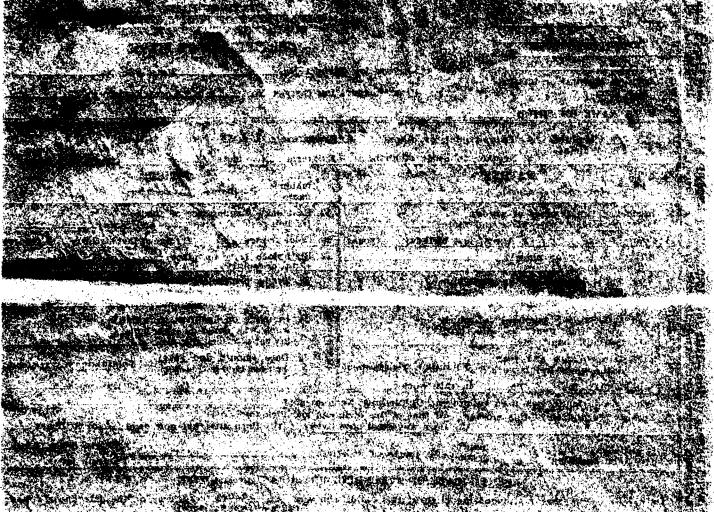
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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

PLACE OF BIRME -In case of more than, in order of birth stated. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFA County of Donney DEPARTMENT OF PUBLIC WELLS City of Kantania CERTIFICATE OF BIRTH No......St. Registration District No. ..... .....State File No. ..... (If born in hospital or institu-Prim. Registration District No. 2/55 Local Registrar's No. 2/0 tion give name.) 2. FULL NAME OF CHILD N. B.-each. 8. Date of If plural 3. Sex 🔏 births RECORD. 5. Number, in order of birth.... Full term..... (Month, Day, Year FATHER Vaid the did 9. Full 18. Full OTHER name not know she maiden illian Kridette was Preg. name 19. Residence (usual place of abode) 10. Residence (usual place of abode) the I (If non-resident, give place and State)..... (If non-resident, give place and State) Have lance 20. Color or race. H. | 21. Age at last birthday . . (years PERMANI each, and and 22. Birthplace (city or place) Cauta Mis 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, CUPATION for A sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent must be 16. Date (month and year) last engaged in this work 17. Total time (years) spent ...... 19..... in this work...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...Q.(b) Born alive but now dead...Q.(c) Stillborn....... Before labor months period of gestation le succion or weeks 30. Cause of stillbirth..... 29. If stillborn, CERTIFICATE OF ATTENDING PHYSICIAL I hereby certify that I attended the birth of this child, who was stilling H.om. on the date above stated, When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. \* Give name added from child a supplemental report..... (Date of) Registrar.

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ACT OF BIRTH-STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARY County of FEE reen BURNAU OF VITAL STATISTICS CERTIFICATE OF BIRTH St. Anthony Hosa. Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2 / 2 Registrar's No. 6 9 5 tion give name.) Samuel Babu 2. FULL NAME OF CHILD ..... each. Y. Legiti-[f nlural 8. Date of ash 3. Sex births 5. Number, in order of birth.... Full term.ue's mater.ue (Monto, Dayl RECORD 9. Full FATHER 18. Full MOTHER number name maiden games hamont Holfelta name forma I hurba 10. Residence (usual place of abode) 19. Residence (usual place of shode) (If non-resident, give place and State). Ashlan .. Ida (If non-resident, give place and State) Ashlen, 2da 11. Color or racelubile 12. Age at last birthday 2. (years) 20. Color or racelubile | 21. Age at last birthday 2. 2 (years) 18. Birthplace (city or place) Clidway, Utah 22. Birthplace (city or place) Bighfield Utah. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc Electrica & nameer typist. nurse. clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. Housewife sawmill bank etc..... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year)
 last engaged in this work
 Total time (years) spent 2 must , 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months or weeks 30. Cause of stillbirth. 29. If stillborn, During labor. period of gestation..... CERTIFICATE OF ATTENDING PHYSICAL OR MINWIFE I hereby certify that I attended the birth of this child, who was stall born at 7...P. m. on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.

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County of Lace	STATE OF II DEPARTMENT OF PUE BUREAU OF VITAL	BLIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS
City of Sh auliny	CERTIFICATE (	OF DEATH   State File No93374
,	Registration District No	99
	Primary Registration Distri	ct No. 2/77 Local Registrar's No. / 73
	(No	
	in a population institution,	rive its name instead of street and number)
2. FULL NAME Jaby	Holfely	
(a) Residence. No	0 O Clohk	on Claho St.
(Usual place of abode) Length of residence in city or tow	n where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. (
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF PRATH
2. SEX 4. Color or Ra	ce 5. Single, Married, Widow ed or Divorced (write th	
Male While	word)	22. I REREBY GERTIFY, That I attended deceased from
5a. If married, widowed, or di- HUSBAND of	vorced	at xxxxxxy33 to
(or) WIFE of 6. DATE OF BIRTH (month, d		I last saw h on well al., 950 death is sa
March	11/125	to have occurred on the date stated above, atm
7. AGE Years Months	Days   If LESS tha	tonos frons del follows:
	I day, hr	
8. Trade, profession, or part	lcular	Had abbasently been
sawyer, bookkeeper, etc.		haad at least 12 wb.
work was done, as silk n	nill,	0
5 saw mill, bank, etc	- 11. Total time (years)	James alam nos
10. Date deceased last work ed at this occupation (mo. and yr.)		Other contributory causes of importance:
12. BIRTHPLACE (city or the	Theopilal 1. 1	<del>-</del>
(State or country)	andlory Stoke	
13. NAME James de	Moret Holfelh-	Taylor and the same of the sam
14. BIRTHPLACE (city or	Own Millowy	Name of operation
(State or country)	Wah 1	23. If death was due to exter'l causes (violence) fill in a
15. MAIDEN NAME HOL	na phurber	23. If death was due to exter reades (violence) in it is the following: Accident, suicide, or homicide? Date of injury, 1
5 16. BIRTHPLACE (city or	town Utel field	Where did injury occur?
	ni stillit	(Specify city or town, county, and state)
17. INFORMANT AND CARLES	dela	Specify whether injury occurred in industry, in home, or public place.
18. BURIAL, OREMATION OR	_ /	Manner of injury
Place Whoho Ralls.	Date 3/. 1.5, 193	Nature of injury
	<i>V</i> 1/	24. Was disease or injury in any way related to occupat
19. UNDERTAKER	Marie J.	of deceased?
19. UNDERTAKER W. M. M. (Address) St. Cur.	Long State	of deceased?

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

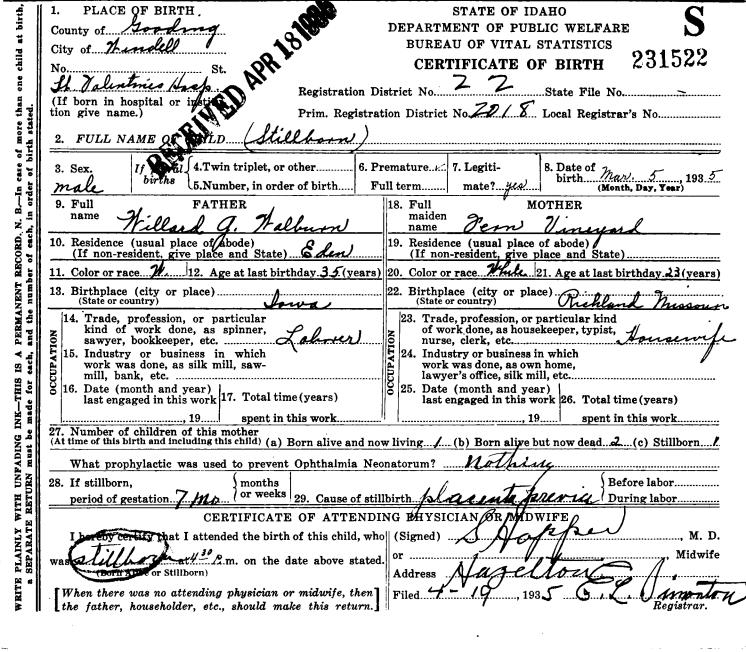
In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		



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of more than birth stated. PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of \_\_\_\_\_ BUREAU OF VITAL STATISTICS 231639 City of Inou CERTIFICATE OF BIRTH 64 Registration District No. ..... case (er of Staté File No. ..... Q/44 Local Registrar's No. (If born in hospital or institution name.) 🕾 😘 Prim. Registration District No. FULL NAME OF 2. 8. Date of If plural (4. Twin, triplet, or other\_\_\_\_\_\_6. Premature.\_\_\_\_ 7. Legitieach. 3. Sex births birth/ mate STR 5. Number, in order of birth..... Full term RECORD. Month, Day, Year) 9. Full MOTHER FATHER 18. PM namè maiden e erma name 10. Residence (usual place of abode) 19 Residence (usual place of abode) NENT (If non-resident/ give place and State) (If non-resident, give place and State ... | 12. Age at last birthday 20....(years) 11. Color or 20. Color or restant 21. Age at last birthday (years) 13. Birthplace (city or place)..... 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular Line kind of work done, as spinner. of work done, as housekeeper sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. made sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work INK must in this work... ..... 19...... in this work... ...... 19\_\_\_\_ UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Return (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn (d) 29. If stillborn. months Before labor..... 30. Cause of stillbirth period of gestation..... or weeks WITH Separa During labor..... CERTIFICATE OF ATTENDING DE IDWIFE I hereby certify that I attended the birth of this child, who was m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) should make this return. ....., Midwife Give name added from WRITE one child a supplemental report Address (Date of) Filed ... Registrar. Registrar.

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22 -7	RECEIVED MAY ? 19	STATE OF II DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE .	DO NOT WRITE IN THE 934	
AINS OC.	PLACE OF DEATH	CERTIFICATE OF	DEATH	State File No	.00
PHYSICIANS ment of 0C-	County of Lalah	Registration District No	69	Local Registrar's No	<u> </u>
HX; ent	City of Troy	Primary Registration Distri	ct No.214.4	1	
2	2. FULL NAME Reola	Rai givi	ien.	nstead of street and number.)	20%
EXACTLY Exact sta	(a) Residence. No(Usual place of abode)		St. (I ds. How long in U. S.	If nonresident give city or tow, if of foreign birth? yrs.	n and State) mos. ds.
i 175	Length of residence in city or town wher	e death becarred		CERTIFICATE OF DEATH	
d be state classified	3 sex 4 color or race	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF TEATH	1.25- (Day)	19.35 (Year)
AGE should be properly cutificate.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of		Cysig . 25	y CERTIFY, That I attended 19.35, to	deceased from
AGE be pro ificate.	6 DATE OF BIRTH (month, day and ye	par MOJ5-1935 Days If LESS than	that i last saw h.	alive on	at 8 m.
nay may	7 AGE Years Months	1 day,hrs.	The CAUSE OF DEAT		
ally supplied that it may back of cer		Infaul-	Stelle	om '	
aning carefull s, so th	(b) General nature of industry,	ν		(duration) yrs	mos ds.
UNFAU be car terms, s	which amployed (or employer)	· 10 +	CONTRIBUTORY		
ITH UNFAL hould be ca plain terms,	9 BIRTHPLACE (city or town) (State or country)	ah County	18 Where was disease If not at place of c	. (duration)yrs contracted death?	mos us.
3 4	L AO MANG OF FATHER - 1//	armar	Did an operation preco	ede death? Date of	
K H H	ø 11 BIRTHPLACE OF FATHER (cit	(agua	What test confirmed	35 (Address)	V Sacho
f info	State or country  ON  IN STATE OF COUNTRY  ON  IN STATE OF COUNTRY  ON  IN STATE OF COUNTRY  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	Speck-	State the DISEASI	E CAUSING DEATH, or in d	aths from VIO-
RIT	13 BIRTHPLACE OF WOLFAER (c) (State or country)	inglos	LENT CAUSES, stat and (2) whether ACC	te (1) MEANS AND NATURE IDENTAL, SUICIDAL, or HOL	MICIDAL.
F. 9.	Informant Jeo Col	Idaho.	19 Place of Burial, C	$\mathcal{A}$	uste of Burlal
إيهبا	(Address) Soville 15 Filed April 27, 19.35 des	cy on Pickerd	20. Undertaker	Prekerd 3	roy Ida
N. B.	BII	V	0 1		0

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measies; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measies (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives on friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS 231664 County of CERTIFICATE OF BIRTH Registration District No. .... (If born in hospital or institu-Prim. Registration District No. 2003 Local Registrar's No... tion give name.) 2. FULL NAME OF CHILD Z N. W. . 7. Legiti-4. Twin, triplet, or other................................... 9. Premature. 8. Date of (f plural 3. Sex hirth hirtha mate 2774 5. Number, in order of birth..... Full term RECORD. MOTHER 18. Full 9. Pull maiden name name 10. Residence (usual place of abode) huridian Ida 19. Residence (usual place of abode) Lu (If non-resident, give place and State)..... (If non-resident, give place and State)..... PERMANKANT 20. Color or race 21. Age at last birthday Jac(ye Calor or recently | 12, Age at last birthday 2. 2 (years 22. Birthplace (city or placeled. 13. Birthplace (city or place) 22...... (State or country) (Etate or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or serticular of work done, as housekeeper. kind of work done as spinner, typist, meres, clerk-sie DOCUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. ..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) 2 last engaged in this work must in this work..... in this work...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Before labor 3 months or weeks 30. Cause of stillbirth 29. If stillborn. During labor .... period of gestation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was 70m. on the date above stated. When there was no attending physician / (Signed) ... or midwife, then the father, householder, etc., should make this return. a Midwife Give name added from a supplemental report Address chil (Date of) Registrar.

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STATE OF IDAHO D MAY [ " DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... Registration District No..... Local Registrar's No.... Primary Registration District No. 1.00.3... Residence. No. (If nonresident give city or town and State) (Usual place of abods) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, S. SEX COLOR OR RACE or Divorces (weite the word) (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) Years Months Days than 1 day. and that death occurred, on the date stated above, at. hat it may certificate. .hrs. or 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (h) General nature of industry, business, or establishment in which employed (or employer) (duration) \_\_\_\_\_yrs. \_\_\_\_mos. \_\_\_ CONTRIBUTORY .... (c) Name of employer (Secondary) (duration) yrs. mos. 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death? Was there an autopsy? \_ 11. BIRTHPLACE OF FATHER What test confirmed diagnosis? (State or Country) item of in AUSE OF important. OF. 12. MAIDEN NAME OF MOTHE \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town) (State or Country) Place of Burial, Cremation, or Removal Date of Burial state is ver Informant. (Address) Address Undertaker 20. Registrar

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cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably sui-

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

Do not accept a certificate of death signed only by a midwife.

453 115035 458 STATE OF IDAHO PLACE, OF BIRT N. B.—In case of more that each, in order of birth state DEPARTMENT OF PUBLIC WELFARE County of The BUREAU OF VITAL STATISTICS 231706 City of..... CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_\_\_State File No. \_\_\_\_\_\_\_ (If born in hospital or Prim. Registration District No. ......Local Registrar's No...... tion give name.) 2. FULL NAME 4. Twin, triplet, or other........... 6. Premature.... 7. Legiti-8. Date of [f plural birth... births 5. Number, in order of birth..... mete?...X Full term RECORD. MOTHER FATHER/ 18. Full nunner maiden 19. Residence (usus) place of abode) 10. Residence (usual place of abode) (If non-resident/give place and State). Harking (If non-resident give place and State) PERMANENT each, and the 11. Color or racelland 12. Age at last birthday 25 (years) 20. Color or race While 21. Age at last birthday 25 (years) 13. Birthplace (city or place) Malaura 22. Birthplace (city or place)..... (State or country) (State or country) 14. Trade, profession, or particular/ 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner sawyer, bookkeeper, etc typist, nurse, clerk, etc. HIS IS A 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 INE , 19 in this work 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (19 110 of Cauca) WITH UNFADING Separate Retain 28. Number of children of this mother (At time of this birth and including plis child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... 29. If stillborn, During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE stillers. on the date above stated. I hereby certify that I attended the birth of this child, who was..... When there was no attending physician i or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report. Registrar.

Appellant on the party and THE RESIDENCE OF THE PARTY OF T The state of the state of the state of Allers to use in an address. distributed the second of the the contradiction of the party and states and - Destriction of the second se the state of the s with the company to we will south not Profes auterida, in malingia Cut. western in an order of the Tak disease he could done in भागामा का अवसी हैंगा मा में करा The second of the second of the second THE RESERVE OF THE PARTY OF THE THE WILLIAM STATES THE WAS IN THE PROPERTY OF THE PARTY OF THE many countries in the board to see out of THE PERSON NAMED IN Charles a commenced in the second sec LANGE HER THE The property of the party of the property of the party of the second section with the second se when the and now telling the sport of the won has sells were the The last TO BE WELL WAS TO STATE OF THE with willing. The same of the sa THE REPORT OF SURVEY DESCRIPTION OF STEELS Assembly eastly that I friended the those of the upill, whereas the contract with the state state and development of the stand of the M. M. MANAGA A PRINCIPAL AND THE BUT NOW AND THE PARTY OF To property THE RESERVE OF THE PARTY OF THE

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<b>3</b> I	I DIACR OF RIGHTH AND STATE OF IDAHO
1	County of Jacquette Bureau of Vital Statistics 231754  City of Jacquette River State File No.  Registration District No.  State File No.
9 5	City of Landette CERTIFICATE OF BIRTH
5 %	No. 4 Miles Scalled D. CERTIFICATE OF BIRTH
E C	NoState File NoState File NoState File No
I II each.	(If born in hospital statution Prim. Registration District No. / Local Registrar's No.
- 11	give name.)
1 5	2. FULL NAME OF CHILD
made	
	3 Sex If plural 7. I will, triplet, or other 1990 of Fremature 1990 of Light 102 \$
3 2	births 5. Number, in order of birth Full term mate? (MONTH, DAY, YEAR)
must	9. Full / PATHER maiden T P
	name Juny James Lee name July Leving (lack)  19. Residence (usual place of abode)
RETURN th. stated.	10. Residence (usual place of abode) (If non-resident, give place and State)  (If non-resident, give place and State)
2 5	11. Color or race
_ m -⊈ II	/ 1 00 Distribution (steer on place) / //////////////////////////////////
SEPARATI	13. Birthplace (City or place)
6 E	14. Trade, profession, or particular of work done, as housekeeper.
9 6	
in S	F 15. Industry or business in which work was done, as own home,
2 4 2	work was done, as silk mill, farm a lawyer's office, silk mill, etc.
7. 2. A	U 10. Date (month and year) last Transising (years) (1) engaged in this work 26. Total time (years)
	engaged in this work spent spent in this work spent spe
id s	10
WITH one child	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living—(b) Born alive but now dead—Q—(c) Stillborn—  Before labor—  Before l
N A	28. If stillborn, 9 months
× 5	
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
Word Word	I hereby certify that I attended the birth of this child, who was still at a fine on the date above stated.
7 %	When there was no attending physician)
	or midwife, then the father, householder. (Signed)
KLTE In case	Give name added from
¥ ;   }	a supplemental reportAddressAddress
.8	Filed 5/6/30, 193
z	Registrar.

HE STATE OF THE ST Pila ladge College WELVE CHORNE commence. ( 5. Manufer: In ordered hirth The state of the s Residence fraged place of others. Magaz a state give place and house The second contract of nom in account in the Lolor or most at the at has blinday. Perspecto (My or plant) and appropriate The Best of the Contract of th Lister profession of the L Transport of the Color of the C Companie de la compan ide of south eque a second senter bearings a things stable of medical so version in Hill carried to your field work made an apply and area. was we some as all was lawyer's effect ally self, etc. the distribution of the same that (mout hos succes) had the M. De (court and year) Est post man from the American in the A way let ul begreen consuced in this work Anti- aldi mi ter ini ton the more Musele of Smithest of filty sander of the sa - naddinen (1) Airpomind of march of the second of BEINGIN CO WILLS HE BUILDSOFF NO STEEL STATES THE OWN CHILD BY THE WAR WIND OF THE CHILD AND THE CHILD When there was on an extendible white's and the local management of THE REAL PROPERTY PROPERTY AND ADDRESS. ment believe serve beli

STATE OF IDAHO PLACE OF DEATH RECORD. Every item DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS County of... ATE DEATH State File No..... City of .... Registration District No. Primary Registration District No. Local Registrar's (No. (If death of curred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town Where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) Mac & word) 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. AGE The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: Date of onset 1 day,... hrs or .... min. 8. Trade, profession, or particular kind of work done, as spinned, sawyer, bookkeeper, etc .... / A 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (cf (State or count What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 198. 16. BIRTHPLACE (city or Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREM Manner of injury..... 24. Was disease or injury in any way related to occupation of deceased?. (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ego
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

of more than	819 701 -041 -595  1. PLACE OF BIRTH  County of Designation  No	1930 STATE OF IDAHO DEPARTMENT OF PUBLIC WE PARE BURBAU OF VITAL STATUSTICS DESTIFICATE OF BIRTH  7.7
case rder o	tion give name.) Prim. Re	gistration District No. 217/ Local Registrar's No. 13
L d	2. FULL NAME OF CHILD Land We	alton Harris
N. B.	3. Sex M If plural 4. Twin, triplet, or other 5. Number, in order of birth	6. Premature 7. Legiti- 8. Date of Maria San San San San San San San San San Sa
RECORD.	name May Walton Harris	18. Full MOTHER maiden Bentling Officers
H L	10. Residence (usual place of abode) (If non-resident, give place and State)	19 Residence (mane) place (mane)
	11. Color or race $\Omega U$   12. Age at last birthday $23$ (y	cears) 20. Color or race. (20.   21. Age at last birthday 24 (years)
PERMIANENT each, and the	13. Birthplace (city or place) Carvallib	22. Birthplace (city or place) Noodland (State or country)
S A PER	14. Trade, profession, of particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind
Pards 1	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
INK—I must be	16. Date (month and year) last engaged in this work in this work in this work	spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent
	27. What prophylactic was used to prevent Ophthalmi	TO THE PROPERTY OF THE PROPERT
of and	28. Number of children of this mother (At time of this	birth and including this child)  now living(b) Born alive but now deed (c) Stillborn
f UNFADING	Thomatha Vacadas	stillbirth hambrane hashed Before labor.  During labor 1/6
Sepa		NDING PHYSICIAN OR BEDWIFE
<b>≯</b> es	I hereby certify that I attended the birth of this cl	hild, who was stated. om. on the date above stated.
AINLY at birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) X TC V Column, M. D.
PLA M at	Give name added from a supplemental report	or Midwife
A SE	a supplemental report	Filed May 7-35 108 abre 11 Trene
7	Registrar.	Bankston

The state of the s

d in a hospital or institution, g  d Hallon Harres  Dozen	Statistics  OF DEATH  State File No 93552  Local Registrar's No  Ive its name instead of street and number)  St  (If nonresident give city or town and state)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
CERTIFICATE ( Registration District No	DEATH State File No. 93552  The No. 2176 Local Registrar's No. 4  Ive its name instead of street and number)  St. St. (If nonresident give city or town and state)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
Primary Registration Distriction (No	to No. 2176 Local Registrar's No. 4  live its name instead of street and number)  St. 2222  (If nonresident give city or town and state)  mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
Primary Registration Distriction (No	St. O
(No. d in a hospital or institution, g  A Hallon Harrea  On where death occurred. yrs.	St. O
d in a hospital or institution, g  d Hallon Harres  Con where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
n where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
n where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
n where death occurred, yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds
STICAL PARTICULARS	CONTRACTOR OF THE ARIES
	MEDICAL CERTIFICATE OF DEATH
ce 5. Single, Married, Widow- ed or Divorced (write the	
word) Durgh	22, I HEREBY CERTIFY, That I attended deceased from
vorced	, 193, to
lay, and year)	I last saw halive on, 193: death is sai
oy 1,1935-	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor
Days If LESS that	tance were as follows: Date of onse
or min	ashyria
spinner, Muli brus	
which Q. A. C	
n spent in this	Other contributory causes of importance:
A 7. O4:	Prolograed unbiled
wn)/	cord survey routh
tarrio	Data of
town) Corvolle	Name of operation Date of  What test confirmed diagnosis? Was there an autopsy?
oregon	23. If death was due to exter'l causes (violence) fill in als
the June	the following: Accident, suicide, or homicide? Date of injury, 193
town) Woodland	Where did injury occur?(Specify city or town, county, and state)
# Farmer	Specify whether injury occurred in industry, in home, or
Sam daho.	public place.
Date May 3, 193	Manner of injury
	24. Was disease or injury in any way related to occupation
01 h. u.	of deceased? If so specify (Signed)
Registrar.	(Address) Bugge 1. Idaho.
	word) Durgh  vorced  lay, and year)  Jays If LESS than  1 day, hrs  or min  clicular  spinner, such born  which  mill. Dufant  c. 11. Total time (years)  spent in this  occupation  who hange, Das,  town) Lavvalus  town) Lavvalus  town) Machiner  town) Machiner

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Ouestion 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

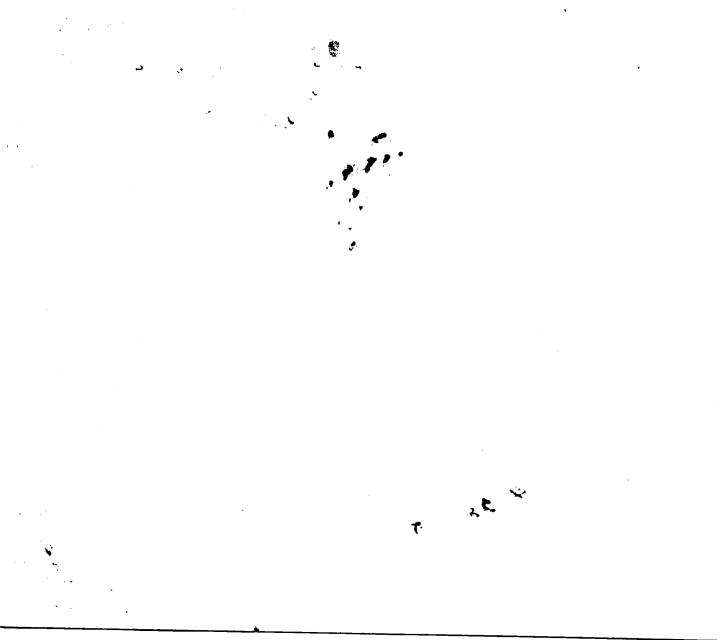
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dving, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE II	
Onset The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
5 Attack of epilepsy	1 week ago
Run over by street car	1 week ago
1927 Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  1923 Gastroenteritis	1 year
URTHER STATEMENTS BY PHYSICIAN	
,	Attack of epilepsy Run over by street car Peritonitis

ted.	DOUBLE OF BRANCE OF BRANCE OF IDAHO  COUNTY OF WILLS FALLS 1 O.C.O.
at a	BURBAU OF VITAL STATISTICS 3 1 0 0 5
혈환	City of CERTIFICATE OF BIRTH
In case of more than in order of birth stated	Country Jewes & Tospet Registration District No. 8 State File No.
86 9r 0	(TA 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
id G	or in nomical or institu- ion give name)  Prim. Registration District No. 2.6.5. Local Registrat's No. 8.6.
무료	FULL NAME OF CHILD A STATE OF CHILD AS A STATE
N. B	3. Sex of life plural 4. Twin, triplet or other 6. Premature 2. Legitibirth 8. Date of birth 4. Twin, triplet or other 5. Number, in order of birth Full term 6. mate? 4. Sex birth 4. Twin, triplet or other 5. Number, in order of birth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Twin, triplet or other 6. Premature 2. Legitibirth 4. Le
G. g	
RECORD.	9. Full MOTHER name maiden
P E	Taymond Carol Jouth name Usamod denning,
_	10. Residence (usual place of abode)  (If non-resident, give place and State)  19. Residence (usual place of abode)  (If non-resident, give place and State)
PERMANENT	1. Color or race 2.   12. Age at last birthday 2. (years) 20. Color or race 2.   21. Age at last birthday 2. (years)
N P	3. Birthplace (city or place)
E. a	(State of country) (State of country)
PER.	14. Trade, profession, or particular kind kind of work done, as spinner,
S A	sawyer, bookkeeper, etc
<b>⊢</b> •	sawyer, bookkeeper, etc typist, nurse, clerk, etc.  15. Industry or business in which work was done, as silk mill. farmula lawyer's office, silk mill, etc.
181 Pag	work was done, as silk mill. farmul a work was done, as own home, lawyer's office, silk mill, etc.
THIS be mad	
M #	least engagen in mis worm
INK	in this work government in this work government.
2 8	27. What prophylactic was used to prevent Ophthalania Neonatorum?
i die	(a) Born alive and now living(b) Born alive but now dead(c) Stillborn
A SE	9. If stillborn, Sil Mi months 20 Cause of stillbirth
5	9. If stillborn, period of gestation 2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITH UNFADING Separate Return	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
B 30	I hereby certify that I attended the birth of this child, who was the little and the date above stated.
ì. 🚓	
INLY	When there was no attending physician or midwife, then the father, householder, (Signed)
` <b>3</b> #	etc., should make this return.
연절	Give name added from a supplemental report
EE	(Date of)
WRITE Dre chi	Registrar.
	¥



70 I	JUL 10 1930 STATE OF III	DAHO IC WELFARE DO NOT WRITE I	N THIS SPACE
PHYSICIANS ement of 0C-	PLACE OF DEATH CERTIFICATE OF		94350
SIC t of	County of Turn Valle Registration District No	Total Dominium 1	vo 119
PHYS ement	City of Tun Talls Primary Registration Distri	ot No.22.2.2)	·
· + + 5	(If death occurred in a hospital or institution	give its parte instead instead of street and nun	nber.)
<b></b>	2. FULL NAME Baby Routh	· St	,
EXAC. Exact	(a) Residence. No	ds. How long in U. S., if of foreign birth?	r town and State) rs. mos. ds.
stated iffed.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
l be state classified	3 SEX 4 COLOR OR RACE 5 Single Married, Widowed, or Divo ced (write the word)	16 DATE OF DEATH - Stillbru	7.5
, <del>'O</del>	Thate White Single.	(Monda) (Day)	(Year)
dE should properly of te.	5a If married, widowed, or divorces home HUSBAND of (or) WIFE of	17   HEREBY CERTIFY, That   att	ended deceased from
ied. AGE and be procertificate.	6 DATE OF BIRTH (month, day and year) RAN 21 1935.	that I last saw harm alive on Stillb	Down 19
may terti	7 AGE Years Months Days if LESS than 1 day, hrs.	and that death occurred, on the date stated abo	ove, at £2 m.
A B B	8 OCCUPATION OF DECEASED	The CAUSE OF DEATH was as follows:	we_
illy su that i	(a) Trade, profession, or particular kind of work	toxemeture separations	1 Hazento
S E E	(b) General nature of industry, business, or establishment in	(duration)yrs	mos ds.
426 .	(c) Name of employer	CONTRIBUTORY (Secondary)	***************************************
should be coplain terms, instructions	9 BIRTHPLACE (city or town) Tunin Talle (State or country)	18 Where was disease contracted If not at place of death?	~ ^ ~
ra in Se in Political in Section 197	10 NAME OF FATHER Carol Routh	Did an operation precede death? No Date of	<u> </u>
出版	11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy? What test confirmed diagnosis?	La Ben
nformation DEATH	11 BIRTH LACE OF FATHER (city or town) (State or country) Halstein Nebr.	(Signed)	Beywers, M. D.
of informs OF DEAT	12 MAIDEN NAME OF MOTHER Renning	June 17 1934 (Address) June	
r item of CAUSE (	II I AS SISTEMAN ASE OF MOTUED (vites on town) /	*State the DISEASE CAUSING DEATH, or LENT CAUSES, state (1) MEANS AND NA and (2) whether ACCIDENTAL, SUICIDAL or	TURE OF INJURY,
P	14 Informant	19 Place of Burlal, Cremation, or Removal	Date of Burial
-Every state (10N is	(Address)		Address 19
N. B.— should s cmpAT	15 Filed 6 - 23 - 19.35 Friends	20. Undertaker	Address
<b>≒</b> 4 5 5			

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of Lux CERTIFICATE OF BIRTH Registration District No. 37 State Flie No. (If born in abspital or institu-Prim. Registration District No. 1485 Local Registrar's No. 2. FULL NAME OF CHILD Paymona (f plura) 8. Date of 3. Sex births M& l 5. Number, in order of birth. Full termiles mate of Os RECORD. 9. Full **FATHER** 18. Full MOTHER name maiden Helen May name. 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident give place and State) July late If non-resident, give place and State Jura tall 11. Color or racelation 12. Age at last birthday (years) 20. Color or race Canal 21. Age at last birthday 1. (years) 13. Birthplace (city or place Attonemon 22. Birthplace (city or place) for the (State or country) (State or country) Jennesse Ldake 14. Trade, profession, or particular, 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper, 1/ typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, Date (month and year) | Total time (years) spent | Carola 1935 | In the line (years) lawyer's office, silk mill, etc. / Luf hore 25. Date (month and year) 26. Total time (years) spent <u>8</u> 16. Date (month and year) must in this work. UNIFADING 27. What prophylactic was used to prevent Ophthalphia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn / months Before labor.... 29. If stillborn. or weeks 30. Cause of stillbirth. period of gestation..... During labor 4.1 CERTIFICATE OF ATTENDING PHYSICIA I hereby certify that I attended the birth of this child, who was ...at .......m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Filed. Registrar.

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TEATHER !	en 123 11 1980	
THEFT A	PLACE OF DEATH DEPARTMENT OF PUB	
short short	County of Twin Falls BUREAU OF VITAL	
ery i NS atem	City of 'Twin Falls CERTIFICATE C	OF DEATH   Store File No93157
RECORD. Every ite 7. PHYSICIANS sl ied. Exact stateme	Registration District No	37
# <u>D</u> #	Primary Registration Distric	
RD.   IYSIC Exact	(No. Twin Falls G	en. Hospital
<u>8</u>		on, give its name instead of street and number)
SE G	2. FULL NAME aymond Lale Givens	·
NT RE TLY. assified e.	(a) Residence. No. 327 4th East (Usual place of abode)	(If nonresident give city or town and state)
g car	Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
FF A A	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S E E E	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 3/10/1955
INDIN PERM ated I prop	male White word ***	22. I HEREBY CERTIFY, That I attended deceased from
A BII	HUSBAND of (or) WIFE of	3-10 -, 1935 to May 10, 1980
S a page	6. DATE OF BIRTH (month, day, and year)	I last saw hardere on MWV 1935 death is said to have occurred on the date stated above, ag : 3.00 m.
SE PER SE	7. AGE Years   Months   Days   If LESS than	The principal cause of death and related causes of impor-
T.T.	0 0 0 1 day hrs.	
Ctic	8. Trade, profession, or particular	Stillsong - Fell Derge
E CELE	kind of work done, as spinner, snwyer, bookkeeper, etc.	
3 5 . B	snwyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill.  snw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
E E E E	saw mill, bank, etc	
A Pig a	ed at this occupation spent in this occupation	Other contributory causes of importance:
ARGIN UNFA y suppl plain to tant.	12. BIRTHPLACE (city or town) IW.1n Falls	
	(State or country) Tdaho	
FEEE THE POOR	13. NAME Elmer Givens 14. BIRTHPLACE (city or town) Altamont	Name of operation.
W ag T.	14. BIRTHPLACE (city or town). Altamon.t. (State or country)	What test confirmed diagnosis? Was there an autopsy?
LY, I be ODEA		23. If death was due to exter'l causes (violence) fill in also the following:
	15. MAIDEN NAME Helen Wildman  16. BIRTHPLACE (city or town) Boise	Accident, suicide, or homicide? A.c. Date of injury, 193.
AIN Poul N. i.	(State or country) Idaho	Where did injury occur?
PI SE SI	17. INFORMANT Elmer Givens	Specify whether injury occurred in industry, in home, or in
UTE Postion CAUS	(Address)327 4th Last 18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury
WRITE informatio state CAU OCCUPA	Place. Twin Falls Date 3/12/1935.	Nature of injury
Cat 6.⊀	19. UNDERTAKER S. C. Phillips	24. Was disease, or injury in any way related to occupation of deccased? A
E S	(Address) Twin Falls, Ida	(Signed)
_ z	20. FILED 193 Registrar.	(Address) June Falls Jac.
-		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

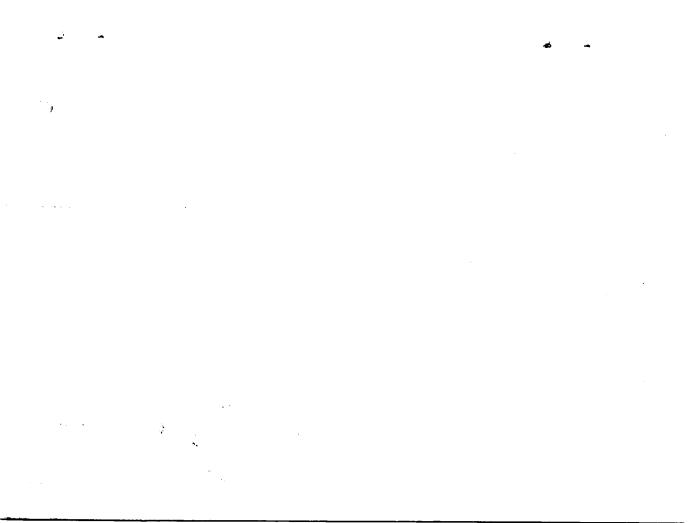
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

FXAMPLE II

DARMI DE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	   HER STATEMENTS BY PHYSICIAN	
			A

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS 231906 CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institution give rim Resistration District No..... Local Registrar's No... name.) FULL NAME OF CHILD... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet. in order birth ..... of birth mate? or other W Child (To be answered only in event of plural births) (Month) A B What prophylactic was used to prevent Ophthalmia Neonatorum? \_\_\_ (a) Born alive and now living\_\_\_ Number of child of this mother, including present birth... Stillborn Born alive but now dead. MOTHER BULL FULL NAME UNFADING Residence Residence ne child (Usual place of abode (Usual place of abode If non-resident. If non-resident. give place and State give place and State Age at jast birthday ge at last birthday. Color or race Color or race Birthplace Birthplace City and State or County) City and State or County). WITH Occupation Occupation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\* PLAINLY I hereby certify that I attended the birth of this child, who was fittiliborn on the date above stated. (Signature)... WRITE B.— In \*Where there was no attending physician or mid-) wife, then the father, householder, etc., should (Physician or midwid make this return. A stillborn child is one that neither breathes nor shows other evidence of life Addres after birth.



PHYSICIANS should Exact statement of	PLACE OF PEATH	STA DEPARTMEN BUREAU (
ANS sho	County of Alley	CERTIFIC
IAN	City of the same o	Registration Dist
IYSICI Exact		Primary Registra
HA	(If death occurred	in a hospital or in
g . E	2. FULL NAME	tellborn
TLY assifi e.	(a) Residence. No. (Usual place of abode) Length of residence in city or tow	n where death occur
A C C	PERSONAL AND STATIS	
ated EXA	3. SEX 4. Color & Rad	ce 5. Single, Marri ed or Divorced word)
INK I HIS IS A FEMILIAND AGE should be stated EXACT o that it may be properly clastruction on back of certificate	5a. If married, widowed, or dis HUSBAND of (or) WIFE of	vorced
IIS IS A	6. DATE OF BIRTH (month, d	ay, and year) / 1935
INKI FILE AGE should so that it me estruction on	7. GE Years Months	Days If
GE shot that	8. Trade, profession, or partikind of work done, as a sawyer, bookkeeper, etc.	cular pinner.
~ 60 22	9. Industry or business in v work was done, as silk n saw mill, bank, etc	which
UNFADING y supplied. plain terms, tant. See in	10. Date deceased last work ed at this occupation (mo. and yr.)	- 11. Total time (
supp supp slain (	12. BIRTHPLACE (city or tow	6-11
efully H in p mport	(State or country)	Buden
care TH y im	14. BIRTHPLACE (city or to (State or country)	own augusta
LY, DEA	15. MAIDEN NAME DECL	hi lo bu
PLAIN should SE OF	16. BIRTHPLACE (city or (State or country)	town Simmi
	17. INFORMANT LO. A. O. (Address)	Dreident
CAL PA	18. BURIAL, CREMATION OR	REMOTHINGELL
-WKITE nformatio tate CAU	Place Place 19, UNDERTAKER	Toff for
i .5 % O	(Address) (Less	Le Marie

# ATE OF IDAHO T OF PUBLIC WELFARE

DO NOT WRITE IN THIS SPACE

County of Jalley BUREAU OF VIT		93581
ity of Lascalle CERTIFICATE	OF DEATH	State File No
Registration District No.	15	
Primary Registration Di	strict No	Local Registrar's No.
O'N-		
(If death occurred in a Marifal or institutio	n, give its name instead o	of street and number)
FULL NAME Stellborn		
(a) Residence. No.	reale olde	St
(Usual place of abode) ength of residence in city or town where death occurred. y	(If nonres	ident give city or town and state) n U. S., if of foreign birth? yrs, mos, ds.
PERSONAL AND STATISTICAL PARTICULARS		L CERTIFICATE OF DEATH
3. SEX 4. Color of Race 5. Single, Married, Wide ed or Divorced (write	low- the 21. DATE OF DEA	TH (month, day and year) This 14 1936
Comale This word	22. L MERMBY CE	ERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	april 14	, 1935 to Whit 14 , 1935
6. DATE OF BIRTH (month, day, and year)	I last saw heral	ive on death is said
april 14 1935		on the date stated above, atm. be of death and related causes of impor-
7. AGE Years Months Days If LESS 1 day,	hrs. tance were as f	
or		O Freezan cu
8. Trade, profession, or particular kind of work done, as spinner,	mych	y friguency
sawyer, bookkeeper, etc	2. sig. (f)	air I Turus
work was done, as silk mill, saw mill, bank, etc.	···· Cand	a formation
10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	Other contribute	Ty causes of Amportance:
(mo. and yr.)	Other congridate	
12. BIRTHPLACE (city or town ascall of (State or country)	eke lavor	authur con
# OHO //B	/	
13. NAME (Alo John Frudentagh	Name of operation	Date of
14. BIRTHPLACE (city or town lugues. Mr. S. (State or country)	What test confirme	ed diagnosis? Was there an autopsy?
15. MAIDEN NAME Position of Charles	23. If death was d	ue to exter'l causes (violence) fill in also
E STATE OF GRAND	Accident, suicide,	or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town) (State or country)	Where did injury (Sp	ceify city or town, county, and state)
17. INFORMANT (tto ): Dreudenback	Specify whether in	njury occurred in industry, in home, or in
18. BURIAL, CREMATION, OR REMAINS AGENT		
Place Case Ste Sta Sportegous 1		
19 UNDERTAKER CASO TOTAL	24. Was disease of	injury in any ay related to occupation
(Address) Just of the	of deceased?	It so specky (1) asg / M. D.
20. FILED P. J. 3 L. Hardney Registral	(Address)	bascodo Nalis

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE !

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

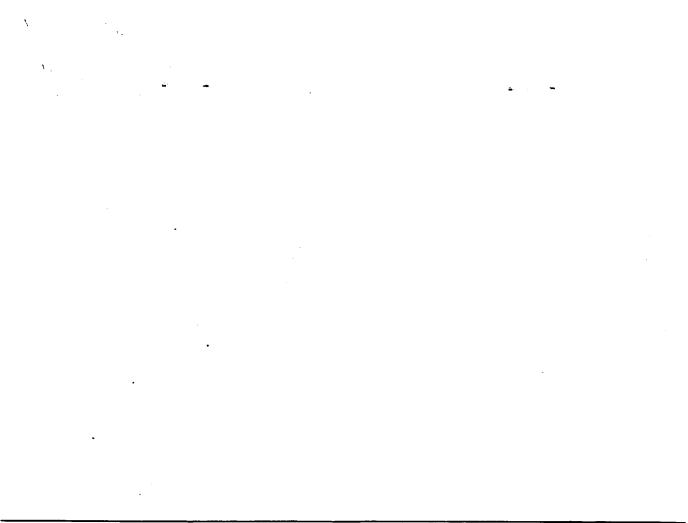
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

FULL NAME OF CHILD.  Sex of Child Twin Triples June and Sin of (To be asswered only in ever What prophylactic was used to prevent Oph Number of child of this mother, including present bin	thalmia Neonatorum?
City of	ration District No. 5 State File No.  Registration District No. Local Registrar's No. 11 State File No.  Registration District No. Local Registrar's No. 12 State File No.  Registration District No. Local Registrar's No. 12 State File No.  Registration District No. Local Registrar's No. 12 State File No.  Registration District No. Local Registrar's No. 12 State File No.  Registration District No. Local Registrar's No. 12 State File No.  Registration District No. Local Registrar's No. 12 State File No. 12 State F
Regist  FULL NAME CHILD  Twin  Triple from and in of (To be asswered only in even  What prophylactic was used to prevent Oph  Number of child of this mother, including present bir	ration District No. State File No.  Registration District No. Local Registrar's No. Local Registrary N
Regist  Regist  FULL NAME CHILD  Twin  Triple Child  Child  Twin  Triple Child  Twin  Twin  Triple Child  Twin  Twin	ration District No. 5 State File No.  Registration District No. Local Registrar's No. 1 pregrating of this pregration of the substitute the word "Stillbirth" for hamp of child make?  Date of birth (Manth) (Day) (Year) thalmia Neonatorum?
FULL NAME OF CHILD.  Sex of Twin Tripla and Sin of Child Alwell (To be answered only in ever What prophylactic was used to prevent Oph Number of child of this mother, including present bin	Registration District No. Local Registrar's
FULL NAME OF CHILD.  Sex of Triplation and Sin of Child To be answered only in ever What prophylactic was used to prevent Oph Number of child of this mother, including present bin	Registration District No Local Registrar's No. Local Registrar'
Sex of Twin Triple Full and in or Child Fluid (To be asswer and you was used to prevent Oph Number of child of this mother, including present bin	If stillborn, substitute the word "Stillbirth" for ham of child minber order birth Legitimate?  Legitimate?  Month (Month) (Day) (Year)
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Number of child of this mother, including present bin	
	th (a) Horn alive and now living
Born alive but now dead	O Stillborn
FULL Otto John Breiden	hach MAIDEN Celles Cutinette Curley
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(Usual place of abode)  If non-resident,	(Usual place of abode)  If non-resident.
give place and State	give place and State
Color or race With Age at last birthd	
Blacketon Misaurita MIA	(Years) Birthplace Simus Mautana (Years)
Birthplace (City and State or County)	(City and State or County)
Occupation Section quiata	C Occupation / Faukura
CERTIFICATE OF	ATTENDING PHYSICIAN OR MIDWIFE*,
	1100 Q
I hereby certify that I attended the bir	th of this child, who was Stillborn at
on the date above stated.	
	(Signature) Jarcel 60 and
(ATTINAME Above were no ettending physician an mid )	87 N
(*Where there was no attending physician or mid- wife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life	(Phasician or midwife)
make this return. A stillborn child is one that	La INANO Olona
after birth.	Address, Classiff and Charles
•	Filespor 30 135 No Landone Clark
	Registran



BECEI	VRD MAY 4 1985			
hould set o	PLACE OF DEATH County of Alley	STATE OF ID. DEPARTMENT OF PUBI BUREAU OF VITAL	LIC WELFARE DO NOT WI	RITE IN THIS SPACE
y it S s eme	City of Fixense	CERTIFICATE O	F DEATH State File No	93580
Ever IAN state		Registration District No		
SIC act		Primary Registration District	t No Local Regist	rar's No.
CORD PHYS . Exa	(If death occurre	(No	ve its name instead of street and nu	nber)
9 E	2. FULL NAME	ullborn		$\gamma$
LY.	(a) Residence. No. (Usual place of abode)	barrale	Sla. st.	- town and state)
cTJ te.	Length of residence in city or tow	n where death occurred. yrs.	(If nonresident give city mos. ds. How long in U. S., if of fore	gn birth? yrs. mos. ds.
Y A N	PERSONAL AND STATIS		MEDICAL CERTIFICAT	E OF DEATH
Perl Ext	3. SEX 4. Color or Rac	ce 5. Single. Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month. da	and year) Afril 14 1935
PERI PERI Prop of Ce	5a. If married, widowed, or div	word)	22 I HEREBY CERTIFY, That	attended deceased from
B. A. B.	(or) WIFE of 6. DATE OF BIRTH (month, d	ny and war	I last saw her alive on . This	/. 193 5.: death is said
S. T. S. C.	Opril 14	1935	to have occurred on the date state	
THE STATE OF THE S	7. Months	Days If LESS than 1 day hrs.	The principal cause of death and tange were fall follows:	Date of onset
sh Sh	S. Thursday paragraphy	or min.	stillbyrth at	
S H H H	8. Trade, profession, or particle kind of work done, as sawyer, bookkeeper, etc.	nimer teacher	mary of steen	au.cy
SE IS	9. Industry or business in work was done, as silk m		face of hore	(
e is de la	saw mill, bank, etc		Cause of Lucual	ist
Fig. S. ter Plice	ed at this occupation (mo. and yr.)		Other contributory caused of im	portance:
RE Sup Brit.	12. BIRTHPLACE (city or tow		Labor muluan	m
AA Ily orta	(State or country)	17	<b>1</b>	
TH Fire poor	E 18. NAME (to John)	Breidenbyck,	Name of operation	Date of
E ag K	14. BIRTHPLACE (city or to (State or country)	cown Augusta, Mont:	What test confirmed diagnosis?	
Y, be ver	H.	1. 016	23. If death was due to exter'l ca	
N PP s	15. MAIDEN NAME POLICE	a goully Mad	the following: Accident, suicide, or homicide?	Date of injury, 193.
<b>A</b> SON	6 16. BIRTHPLACE (city or to (State or country)	own Zamuma	Where did injury occur? (Specify city or to	vn. county, and state)
PI SE TIC	17. INFORMANT (III) . O.K.	udenback	Specify whether injury occurred i	
-WRITE nformation tate CAU	18. BURIAL, CDEMATION OR	FFMOV Mugael Cemer	Manner of injury	
	Place pascade.	da Date ( 1935.	Nature of injury	· · · · · · · · · · · · · · · · · · ·
	19. UNDERTAKER	Stabb. O.	24. Was disease or injury in any of deceased?	related to occupation
z. M	20. FILEI April 30 1935	Marday Hist.	(Signed Sold Sold Sold Sold Sold Sold Sold Sol	109 J, M. D.
z	200, 100, 100, 100, 100, 100, 100, 100,	Registrar	(Address) Mastal	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onnet
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	-

7 203 2001 8/13 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WILLFARE County of Cell BUREAU OF VITAL STATISTICS City of Loran olla CERTIFICATE OF BIRTH .—In case of Registration District No. ... State File No. (If born to hospital or institu-/ Prim. Registration District No. 100 Local Registrar's No. tion give (name.) FULL NAME OF CHILD ..... - H. H. 8. Date of (f plural birth births Full term. 5. Number, in order of birth. mate? RECORD. 18. Full FATHER 9. Full maiden / 7nazñe name / 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State) 11. Color or race 12. Age at last birthday (years) 20. Color or race. 21. Age of last birthday. (years) 13. Birthplace (city or place) Yallway Mission 22. Birthplace (city or place). (State or country) (State or country) 23. Trade, profession, or particular hind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner2 OCCUPATION Sol typist, nurse, clerk, etc. 24. Industry or business in which 15. Industry or business in which be made work was done, as own home lawyer's office, silk mill, etc. work was done, as sile 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) lest engaged in this work 17. Total time (years) spent last engaged in this work INK-must in this work 2 and in this work 3. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn..... WITH UNEL Before labor..... months or weeks 30. Cause of stillbirth. 29. If stillborn, period of gestation. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE 20 tellborn 13 a.m. on the date above stated. I hereby certify that I attended the birth of this child, who was... INLY When there was no attending physician ! (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report....(Date of) Address ..... Filed..... Rogistrar. Registrar.

THE PARTY OF THE P ASSEMBLE C WALETON THE TOTAL Y TO TO LOCAL TOR. ENTE STATE The state of the s And the second second The contract of the same affine The service routines I have to C. From A.C. Littleman of the later of the l The same than the same of the and the state of **第二部(89**000)。 isomer forest arm least softe a service and the service of the ser Address of the Control of the Contro Non- thread party of the refer to and the state of the same

Single  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  22. I HEREBY CERTIFY, That I attended deceased from the date stated above, at 3.5				In Brokling	V
City of Boise CERTIFICATE OF DEATH State File No.  Registration District No.  Primary Registration District No.  (No. St. Alphonsus Hospital (If death occurred in a hospital or institution, give its name instead of street and number)  2. FULL NAME Delta L. Ragsdale  (a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred. yrs. mos.  Delta L. Particulars  PERSONAL AND STATISTICAL PARTICULARS  A. Color or Race 5. Single, Married, Widowed or Divorced (write the word)  Single  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  The principal cause of death and related causes of imputance were as follows:  Still Birth  CERTIFICATE OF DEATH  I attended deceased from the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the principal cause of death and related causes of imputance were as follows:  Date of one part of the pa		DEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
Registration District No	Toige			State File No	3780
2. FULL NAME Delta L. Ragsdale  (a) Residence. No. Star, Idaho (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word) Single  Fall married, widowed, or divorced (write the Word) Single  6. DATE OF BIRTH (month, day, and year)  May 3 1935  7. AGE Years Months Days If LESS than I day, hrs. or min.  Still Birth  2. FULL NAME Delta L. Ragsdale  (If nonresident give city or town and state)  (If nonresident give city or town and state)  Medical Certificate of DEATH  21. DATE OF DEATH (month, day and year)  22. I HEREBY CERTIFY, That I attended deceased from the hore occurred on the date stated above, at 355		Primary Registration Distric	et No. 1004		128
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. How lon		in a hospital or institution, gi	lve its name instead	of street and number)	206
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)  Single  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. Still Birth  Still Birth  4. Color or Race 5. Single, Married, Widowed, Widowed, or Divorced (write the word)  Single  22. I HEREBY CERTIFY, That I attended deceased from the date stated above, at 355m  The principal cause of death and related causes of imputations of the color of the date stated above, at 355m  The principal cause of death and related causes of imputations of the color of the date stated above, at 355m  Date of one are the color of the date stated above, at 355m  The principal cause of death and related causes of imputations of the color of the date stated above, at 355m	(Usual place of abode)		(If nonre	sident give city or town a	ind state) yrs, mos. ds.
ed or Divorced (write the word)  Single  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs.  Still Birth 21. DATE OF DEATH (month, day and year) 22. I HEREBY CERTIFY, That I attended deceased from 1 last saw has alive on 2 last saw has alive on 3 last saw has al	PERSONAL AND STATIST	FICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DE	ATH
5a. 17 married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)  May 3, 1935  7. AGE Years Months Days If LESS than I day, hrs.  Still Birth  Single  22. I HEREBY CERTIFY, That I attended deceased from the date stated deceased from the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The principal cause of death and related causes of imputation and the date stated above, at 335 m  The	3. SEX 4. Color or Rac	ed or Divorced (write the		ATH (month, day and yea	r)5/2 1935
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than tance were as follows:  Still Birth  Or min. 1935 to	r	Single	22 I HEREBY C	ERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)  May 3, 1935  7. AGE Years Months Days If LESS than tance were as follows:  Still Birth  Or min.	HUSBAND of	orced			•
7. AGE Years Months Days If LESS than tance were as follows:  Or min.		y, and year)	I last saw hee.a	live on <b>5./.3</b> , 193.	.: death is said
1 day, hrs. tance were as follows:  Date of ons		<u> </u>	.	on the date stated above, se of death and related o	at <b>2.33</b> m.
Still Birth or min. Programme 15	Activities 1 ears Montag		tones 111010 00		Date of onset
			Pagarial	· 4.1 - 1	بدفت الرسخان
kind of work done, as spinner, sawyer, bookkeeper, etc.	8. Trade, profession, or partic	inner	70	yang anou	3
sawyer, hookkeeper, etc	9. Industry or business in w	hich	20207	"gernann	
work was done, as silk mill, saw mill, bank, etc	work was done, as silk m			. <b>(</b>	
kind of work done, as spinner, sawyer, hookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this occupation.	10. Date deceased last work- ed at this occupation	spent in this	Other contribut		
(mo wad yr.) occupation	(mo. tant yr.)	occupation	Wether	and liss	<b>C</b>
12. BIRTHPLACE (city or town)Boise, Idaho (State or country)		n)Boise,Idaho	6017	Erevous	
E 13. NAME Fred W Raggdale Muiskatrunger	E 13 NAME TO T	Donadala	Mirkon	ringer	
Name of operation Date of			Name of operatio	n	Date of
(State of country)		own) <b>MO.</b>			re an autopsy?.Z
23. If death was due to exter'l causes (violence) fill in a the following: Accident, suicide, or homicide? Date of injury, J	15. MAIDEN NAME EL	la Hall	the following:		
16. BIRTHPLACE (city or town) Idaho		own)Idaho	Where did injur	v occur?	
17. INFORMANT Tred. W Ragsdale			Specify whether		
18. BURIAL, CREMATION OR REMOVAL Manner of injury		REMOVAL	Manner of injur	y	
Place Dear Date 5 4, 1935 Nature of injury. 24. Was disease or injury in any way related to occupat				or injury in any way relat	ed to occupation
19. UNDERTAKER Mm. McBratney of deceased? It so specify the second of deceased?	19. UNDERTAKER III MC. (Address)	Bratney	B 274		i k
20. FILED 5.— 4., 1935. W. N. KAOLIE (Signed)		W. W. Khod	(Address)	Doil	dallo

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EAAMFLE I		EXAMPLE II		
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.lrterlesclerosis	1915	rittack of epilepsy	mek ago	
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

		•	
-			
	.* 		

PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBI	AHO	DO NOT WRITE IN T	HIS SPACE
County of Ada	BUREAU OF VITAL	STATISTICS		
City of Boise.	CERTIFICATE O	F DEATH	State File No93	222
	Registration District No			^~
	Primary Registration Distric	t No 1004	Local Registrar's No	<b>95</b>
	(No. St Lukes H		Model Registral & Mo	**************************
(If death occurred 2. FULL NAME Rhoda	in a hospital or institution, given a hospital or institution and a hospital or inst	ve its name instead	of street and number)	ماهم
(a) Residence. No	R.D. # 5.		C14	<i>P</i>
(Usual place of abode) Length of residence in city or tow		(If nonre	sident give city or town ar in U. S., if of foreign birth?	nd state) yrs. mos. ds.
PERSONAL AND STATIS		MEDIC	AL CERTIFICATE OF DEA	TH.
3. SEX 4. Color or Ra	ce 5. Single, Married, Widow-	21 DATE OF DE	ATH (month, day and year	4- 4 1934
Female. White.	ed or Divorced (write the word) Single.			
5a. If married, widowed, or di- HUSBAND of	vorced	1 22. I HEREBY C	ERTIFY That Lattended	deceased from
(or) WIFE of			., 193, to7	, , 193
6. DATE OF BIRTH (month, d	ay, and year) 4.1935.	•	live on 4	
7. AGE Years Months		11	on the date stated above, :	
	1 day, hrs.	II	follows:	Date of onset
8. Trade, profession, or parti	or min.	0	· <b>/</b> · · · · · · · · · · · · · · · · · · ·	
kind of work done, as	minner Mass	X 1 10 2	Nova	
sawyer, bookkeeper, etc. 9. Industry or business in v	which		• • • • • • • • • • • • • • • • • • • •	
work was done, as silk n	aill,			.
kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk usaw mill, bank, etc  10. Date deceased last work ed at this occupation	11. Total time (years)		······	
(mo. and yr.)	n spent in this occupation	Other contribut	ory couses of importance:	
12. BIRTHPLACE (city or town	Boise, Idaho.		1	
(State or country)		with the state of		
13. NAME Dale. D.	Carter.	V	• • • • • • • • • • • • • • • • • • • •	
14. BIRTHPLACE (city or	town) Boise, Ida	1 <b>b</b>	n	
(State or country)		What test connri	ed diagnosis? Was ther	
E 15. MAIDEN NAME LOU	aine Wood.	the following:	due to exter'l causes (viole	•
16. BIRTHPLACE (city or	town) Macon. Mo.	1	or homicide? Date	
(State or country)		. where ald injur	y occur? pecify city or town, county	, and state)
II 17. INFORMANT	O. Carter.	Specify whether	injury occurred in <b>industry</b>	, in home, or in
18. BURIAL, CREMATION OR	Boise, Idaho, REMOVAL	ı		
	tery. April. 6.193	Manner of injury	y	
19. UNDERTAKER_Summer	rs Funeral Home.		or injury in any way relate	
(Address) Boise	Idaho / Ol	of deceased?	Le	········
20. FILED. 4 5, 1935.	W. W. Khode	(Signed)		, M. D.
	Registrar.	(Address)	)	V

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Gallstones May 1, 1923		Gastroenteritis 1	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

N. B.—In case of more than each, in order of thrth stated. PLACE OF BERTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BURBAU OF VITAL STATISTICS Oly of Pareda 231995 CERTIFICATE OF MIRTH Registration District No. ..... State File No. .... (If born th hospital or institu-Prim. Registration District No/004 Local Resistrar's No. 2.5.7 tion give name) 2. FULL NAME OF CHILD. 4. Twin, triplet, or other........ 6. Premature 7. Legiti-[f plural 8. Date of 3. Se= births birth....Z mate? Full term. RECORD. 5. Number, in order of birth.... (Month, Bay, Year 9. Full 18. Full MOTHER FATHER maiden / name/ name / de tha bullan 19. Residence (usual place of abode) 10. Residence (usual place of abode). PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 21. Age at last birthday 21 (year 22. Birthplace (city or place). Qdin. 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular, kind of work done, as housekeepen/ kind of work done, as spinner, NOL Z sawyer, bookkeeper, etc .... OCCUPATI 15. Industry or business in which 24. Industry or business in which INK-THIE I work was done, as silk mill, work was done, as own home. lawyer's office, silk mill. etc. I kurn sawmill, bank, etc..... 25. Date (month and year) alast engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 16. Date (month and year) in this work... 27. What prophylactic was used to prevent Ophthalatia Neonatorum? WITH UNFADING Separate Betara 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... period of gestation / 2 mo. for weeks 80. Cause of stillbirth. months 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was. A ... A m. on the date above stated. When there was no attending physician ! (Signed) or midwife, then the father, householder, PLA1 etc. should make this return. Give name added from WRITE One chile a supplemental report..... Address (Date of) Filed..... Registrar.

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4	APR 11 1935 STATE OF ID	ано			
item of ld state	PLACE OF DRATH DEPARTMENT OF PUB				
should to t	CERTIFICATE O	F DEATH State File No			
M vo a	City of Registration District No Primary Registration District	/			
D. IAN Item	(No. Also de	Local Registrar's No.			
RECORD PHYSICI/ Exact state	death occurred is a hospital or institution,  2. FULL NAME alguline	give its name instead of street and number.)			
	(a) Residence. No				
ANENT CTLY. 1 sified. 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
MACI	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month_day,andyear) 3// 193 5			
IS IS A PERMA IS IS A PERMA I be stated EXACT be properly classi of certificate.	5a. If maried, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from, 193, to, 193			
	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on 193: death is said			
	6. DATE OF BIRTH (month, day, and year) Wards 1:	to have occurred on the date stated above, at			
	7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:  Date of onset			
a High	or min.	Jackborn			
shor may	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc				
IN I	9. Industry or business in which work was done, as slik mill,				
DING 1 ed. AG so that ruction	8 kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc	Other contributory causes of importance:			
ied.	this occupation (month and spent in this occupation occupation				
NFADI upplied rms, so	12. BIRTHPLACE (city or town)				
UN V su teru See		Name of operation			
full full sin	13. NAME  14. BIRTHPLACE (also or town)  (State or country)	What test confirmed diagnosis? Was there an autopsy?			
WIT sarefu n plas	(State of Contact)	23. If death was due to exter causes (violence) all in also the following:			
be c H ii	15. MAIDEN NAME Butha Dougho	Accident, suicide, or homicide? Date of injury, 193			
INLY uld be tall tall tall tall tall tall	15. MAIDEN NAME Butha Dougho  16. BIRTHPLACE (city or town)  (State or company)	Where did injury occur? (Specify city or town county, and State)			
LAI ihou DE,	17. INFORMENT JACK DIV.	Specify whether injury occurred in industry in home, or in public			
E Pion of OF	(Address)	Manner of injury			
ITE Lation ON	18. BURIAL, CRAMATION, OR REMOVAL WILL DATE 1935	Nature of injury			
WRITE informatio GAUSE O	19. UNDERTAKER Schwiller & W. Caur	24. Was disease or injury in any way related to occupation of deceased?			
CA E	(Address)	(Signed) M. D.			
<b>m</b>	20. FILED 3-4, 1985 WW. R. C. S. Registrar.	(Address)			
" Gal	lister				

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthuliness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

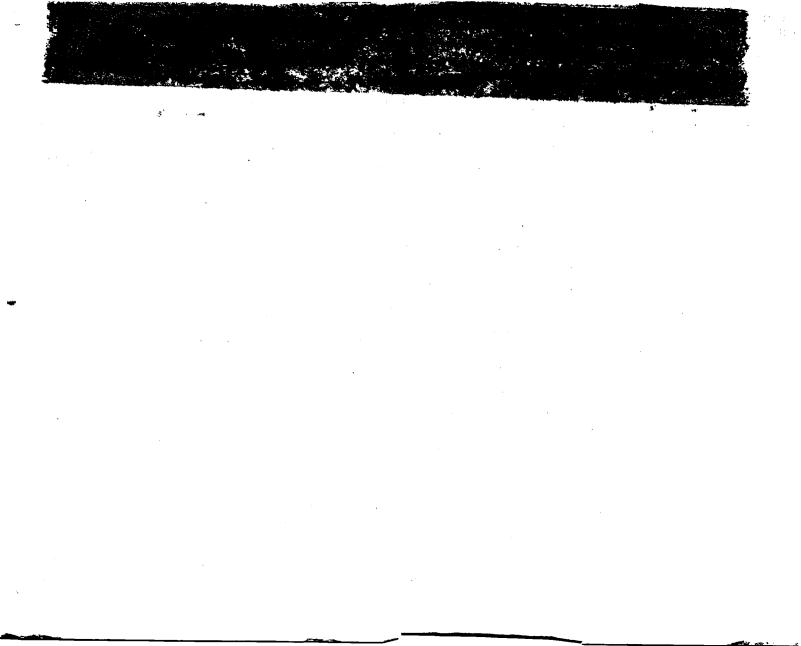
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5, 1927 3 daus ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF BIRTH STARTE OF IDAHO case of more than er of birth stated. DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of No. Registration District No. .. State File No. 2 Prim. Registration District No. 100 4 Local Registrar's No. (If born in hospital or institution give hame.) 4 2. FULL NAME OF CHILD.... 'n 8. Date of 6. Premature..... 7. Legiti-If plural (4. Twin, triplet, or other..... each, 3. Sex / births 5. Number, in order of birth..... Full term.... mate? (Month, Day, Year) A PERMANENT RECORD. MOTHER. 9. Full 18. Full maiden Laure 1 name 10. Residence (usual place of abode) (If non-resident, give place and State) 510 19. Residence (usual place of abode) WBas (If non-resident, give place and State) 11. Color or race ... | 12. Age at last birthday 24 (years) 20. Color or race ... | 21. Age at last birthday 25 (years) 13. Birthplace (city or place) This City, &da. 22. Birthplace (city or place).... and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, O links of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, G INK—THIS must be made lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 19..... \_\_\_\_\_\_\_**19**\_\_\_\_\_ in this work..... UNFADING te Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead. . . (c) Stillborn Out Before labor..... 29. If stillborn. months WITH UN Separate 30. Cause of stillbirth..... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was PLAINLY d at birth a When there was no attending physician or midwife, then the father, hoseholder, etc., } should make this return. Give name added from a supplemental report. (Date of) Registrar. Registrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Ada City of Boise State File No..... Registration District No..... Primary Registration District No. 10 Local Registrar's No RECORD St Lukes Hospital. (If death occurred in a hospital or institution, give its name instead of street and number) Jewle Rice. 2. FULL NAME 1510. West Bannock Street. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) 4-15 193\_ White. Female. word) Single. 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)
April. 15.1935. ..... 193. ... death is said to have occurred on the date stated above, at ......m. AGE Years The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: 1 day.... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, None. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... Boise. Idaho. 12. BIRTHPLACE (city or town). (State or country) FATHER 13 NAME R. Kenneth Rice. .... Date of ..... 14. BIRTHPLACE (city or town). H111 (State or country) What test confirmed diagnosis?.... Was there an autopsy?... MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Bessie Louise Rankin. the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town)...Indiana... Where did injury occur?..... (State or country) (Specify city or town, county, and state) R. Kenneth Rice. 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address)1510. Bannock Street. WRITE 18. BURIAL, CREMATION OR REMOVAL Manner of injury. Morris Hill Cemetery. Apri. Nature of injury. Summers Funeral Home. 24. Was disease or eccupation Boise. (Address) (Signed) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE 1		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
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1. PLACE OF BIRMSCELVED JU. / 1 STATE OF EDAHO

PARTMENT OF PUBLIC WELFARE

CRETIFICATE OF BIRTS

OF CRETIFICATE OF BIRTS No.101 S. Johnson St. Pocatello General Hospital Stell File No. Registration District No. (If born in hospital or institu-Prim. Registration District No. 2/6/ Local Registrar's No. 7 tion give name.) 2. FULL NAME OF CHILD Agnes Dean Quick 7. Legiti-4. Twin, triplet, or other.......... 6. Premature... 8. Date of ff plural S. Sex hirth births mete? Yes Full term X Female 5. Number, in order of birth..... MOTHER 18. Full 9. Full FATHER maiden name Hallie Vee Dean Paul Timson Quick name 10. Residence (usual place of abode) 244 N. Hayes 19. Residence (usual place of abode) Same (If non-resident, give place and State)..... (If non-resident, give place and State) PERMANENT each, and the 20. Color or race. Whi to 21. Age at last birthday... 29. (years) 11. Color or race while 12. Age at last birthday. 31 (years) 22. Birthplace (city or place) McBride. Me. 13. Birthplace (city or place) Salt Lake City. Utah (State or country) (State or country) 23. Trade, profession, or particular kind of work done, as housekeeper, Housewife typist, nurse, clerk, etc. Housewife 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. Heme work was done, as silk mill, sawmill, bank, etc...U....S....Dept....Acriculture 25. Date (month and year) 26. Total time (years) spent Date (month and year) last engaged in this work 17. Total time (years) spent pe. last engaged in this work musi Hew employed 19 in this work....4 Fow employed ...... 19...... in this work.....10... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living....Q.(b) Born alive but now dead...Q...(c) Stillborn.1..... Padala. Mran Before labor..... months or weeks 30. Cause of stillbirth.... 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWITT I hereby certify that I attended the birth of this child, who wastillborn on the date above stated. When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Midwife Give name added from child a supplemental report......(Date of) gg Oge legistrar. Registrar.

N. B.—In case of more than each, in order of birth stated.

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should state occu. STATE OF IDAHO ARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of Bannock oŧ CERTIFICATE OF DEATH State File No..... City of Latello statement Registration District No..... PHYSICIANS Local Registrar's Nos Primary Registration District No..... PERMANENT RECORD. (No. Pocatello General Hospital (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME Hallie Dean Quick (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 21. DATE OF DEATH (month day, and year) May 17 193 5 F. W. I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of ....., 193...., to......., 193....., 193..... (or) WIFE of to have occurred on the date stated above, at.....m. May 17 1835 6, DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance If LESS than were as follows: 7. AGE Years Months Days Date of onset 1 day, ..... hrs. Stillborn 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... contributory causes of importance: 10. Date deceased last worked at this occupation (month and spent in this occupation..... year) Pocatello 12. BIRTHPLACE (city or town)
(State or country) Idaho FATHER Paul Quick 13. NAME Name of operation..... U Date of 14. BIRTHPLACE (city or town) Salt Lake City important. What test confirmed diagnosis? Was there an autopsy? Utah (State or country) 23. If death was due to exter leauses (violence) all in also the following: MOTHER 15. MAIDEN NAME Hallie Dean DEATH Where did injury occur? (Specify city or town county, and State) McBride 16. BIRTHPLACE (city or town).... Missouri (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) 0F Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Place W. U. J. WOT 121 Date May 17, 193 5 Nature of injury 24. Was disease or injury in any way related to occupation of deceased? Downard Funeral 19. UNDERTAKER. If so, specify..... Pocatello. (Address) (Signed)..... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or ov— If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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EXAMPLE I		EXAMPLE II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		

715106003593 ED JUN 13 1005 STATE OF IDAHO
STREAM OF VITAL STATISTICS PLACE OF BIRTH In case of more than County of Bannock City of Pocatello CERTIFICATE OF BIRTH No. Route #1. Tyhee St. Registration District No. 28 State File No. (If born in hospital or institu-2161 Prim. Registration District No. Local Registrar's No. tion give name.) Stillborn Davis 2. FULL NAME OF CHILD..... months N. N. B. 8. Date of May 6 If plural 3. Bex birthe birth 5. Number, in order of birth..... Full term..... mate 1788 RECORD. 9. Full FATHER 18. Full MOTHER maiden name Jessie Ireta Milsson George Jefferson Davis name 19. Residence (usual place of abode)Pocatello, 10. Residence (usual place of abode) Pocatello, Rt \$1 PERMANENT each, and the (If non-resident, give place and State) Rt. #1 (If non-resident, give place and State)..... 20. Color or race. W. | 21. Age at last birthday 34 (years) 13. Birthplace (city or place) St. Anthony, Idaho 22. Birthplace (city or place) Raymond, Alberta, Canada (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc Farmer Industry or business in which work was done, as silk mill, Farm sawmill, bank, etc.

Date (month and year) last engaged in this work 17. Total time (years) spent of work done, as housekeeper, uonsewife typist, nurse, clerk, etc. uonsewife kind of work done, as spinner, TION 24. Industry or business in which 15. Industry or business in which made work was done, as own home, Own home lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent pe 16. Date (month and year) INE. in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. 3 Separate Before labor X months Membranes runtured or weeks 30. Cause of stillbirth. Memb 29. If stillborn, period of gestation 7 mo. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was A.B.Cm. on the date above stated. When there was no attending physician | r midwife, then the father, householder, a should make this return. or ...... Midwife me added from Address Pocatello Idaho ( nental report..... Registrar.

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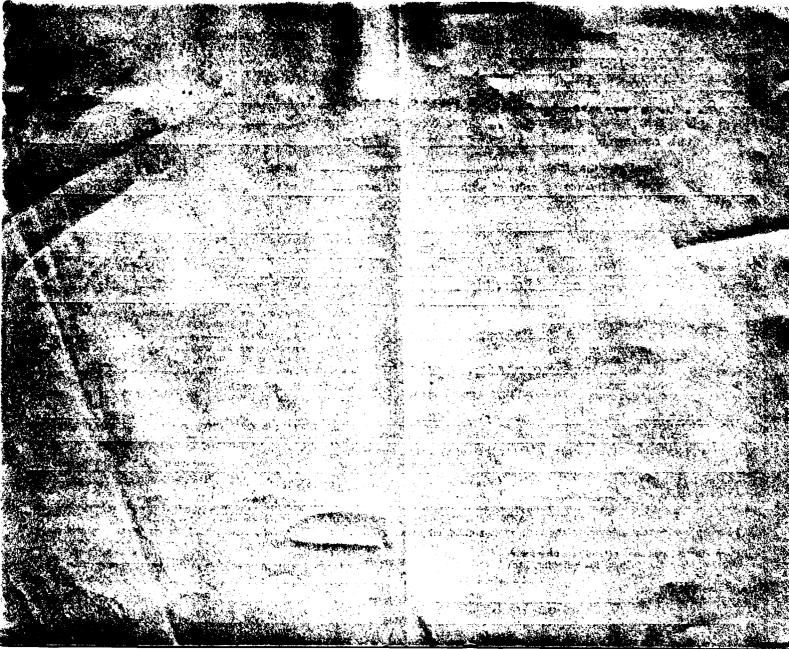
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RECEIVED JUN 13 1996 PLACE OF BIRTH RTMENT OF PUBLIC WELFARE county of Bannock BUREAU OF VITAL STATISTICS 232074 City of Pocatello CERTIFICATE OF BIRTH St.Anthony Mercy st Registration District No. \_\_\_\_\_State File No. \_\_\_\_\_ Hospital (If born in hospital or institution give name.) Prim. Registration District No. 2/6/ Local Registrar's No. 776 2. FULL NAME OF CHILD Stillborn Lyon H.H 8. Date of 5/5/35 198... 8. Sex birth..... births 5. Number, in order of birth..... (Month, Day, Year) PERMANENT RECORD. female 9. Full FATHER ||18. Full MOTHER name maiden Blaine McLellon Lyon name Emma Smith. 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) IZI5 N Main (If non-resident, give place and State) I2 I5 N Main 11. Color or race W | 12. Age at last birthday 20 (years) 20. Color or race W | 21. Age at last birthday (years) 22. Birthplace (city or place) Turner, Ida 13. Birthplace (city or place) Montpelor. Ida (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, typist, nurse, clerk, etc. H.W. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Intermountain Chevroles work was done, as own home, Home lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 9 mo present 19 in this work Imo present 19 WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living...... (b) Born alive but now dead....... (c) Stillborn.......... 30. Cause of stillbirth Before labor..... 29. If stillborn. months period of gestation. or weeks around week. During labor..... CERTIFICATE OF ATTENDING THYSICIAN OR MIDWIFE at II:32. A Me date above stated. I hereby certify that I attended the birth of this child, who was Stillborn Rorn Alive en Stillborn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from WRITE F a supplemental report..... Address ..... (Date of) Registrar.



MARGIN RESERVED FOR BINDING

MEPTARDAM	V L. STATE OF ID.	AHO.
PLACE OF DEATH County of Samuel	DEPARTMENT OF PUBL BUREAU OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE
City of Paratello	CERTIFICATE O	F DEATH   State File No. 93634
•	Registration District No	4/9
(If death occurred	Primary Registration District (No	t No
2. FULL NAME Kay	$\mathcal{L}$	
(a) Residence. No. (Usual place of abode) Length of residence in city or town		(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race	5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEATH (month, day and year) May 519
Female White	word) Infant	22. I HEREBY CERTIFY, That I attended deceased fro
5a. If married, widowed, or diventional HUSBAND of (or) WIFE of	orced	May 5, 1985 to May 5, 1985
6. DATE OF BIRTH (month, da		I last saw her.alive on, 193: death is sa
7. AGE Years Months	1935 Days If LESS than	to have occurred on the date stated above, atm  The principal cause of death and related causes of impe
	1 day, hrs.	tance were as follows: Date of one
8. Trade, profession, or partic	or min.	Cal Short and
kind of work done, as sp	inner, V. /	and need
9. Industry or business in will work was done, as silk mi	hich N.	
10. Date deceased last work.	11. Total time (years)	
ed at this occupation (mo. and yr.)	spent in this occupation	Other contributory enques of importance:
12. BIRTHPLACE (city or town	Pacetello,	(Minifestal) That pluster
(State or country)	Sasho.	Junior - L
F 13. NAME Blair	ce M. Lyon	Name of operation Date of
14. BIRTHPLACE (city or to (State or country)	own). Martiplier,	What test confirmed diagnosis? Was there an autopsy
E 15 MAIDEN NAME	J- i+1	23. If death was due to exter'l causes (violence) fill in a the following:
6 16. BIRTHPLACE (city or to	own) Jurney	Accident, suicide, or homicide? Date of injury, 1
(State or country)	Sacho.	Where did injury occur?
17. INFORMANT (Address)	ne M. Tyon	Specify whether injury occurred in industry, in home, or
	REMOVAL	manner of injury
Place Muney.	Mahs Date May 6 1935	Nature of injury
19. UNDERTAKER	there W. Nall	24. Was disease or injury in any way related to occupate of deceased? If so, specify
20. FILED. May (2193 5.	Mon Depress	(Signed), M.
20. 21222	Begistrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVANDED

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

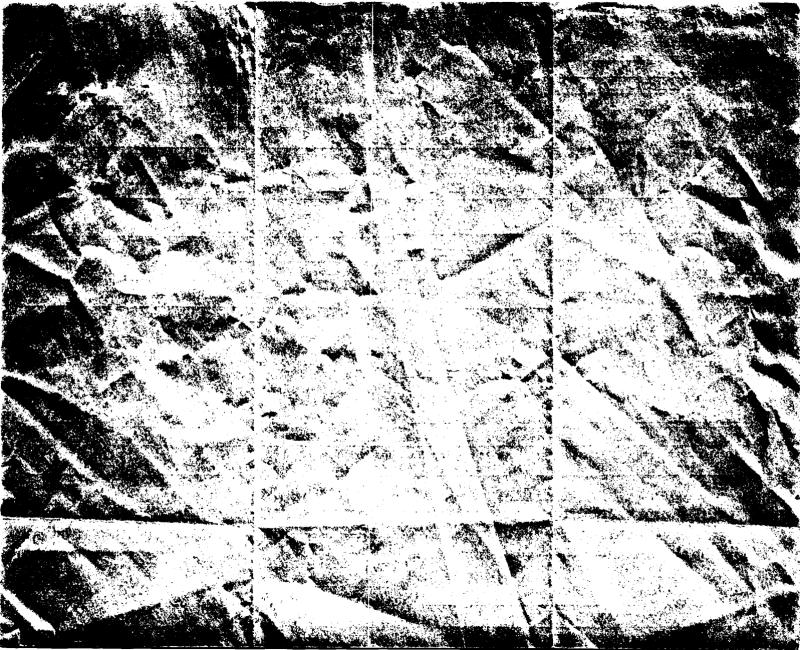
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
4-0				

1 PLACE OF BIRTHRECEIVED JUN County of Bannock City of Pocatello No. St Anthont Hosp St.	CERTIFICATE OF BIRTH 232083
	on District No. State File No. State File No. State File No. Local Registrar's No. 1986  Crockett
8. Sex births 4. Twin, triplet, or other	Full term Yes mate? Yes birth Joseph (Month, Day, Year)
9. Full FATHER Dave Prather Crockett	18. Fun MOTHER maiden Jennie Cutler
10. Residence (usual place of abode) (If non-resident, give place and State) 153 Taft	19. Residence (usual place of abode) 153 Taft (If non-resident, give place and State)
11. Color or race   12. Age at last birthday 22 (yet 13. Birthplace (city or place) California (State or Country)	ars) 20. Color or race
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	E 24 Industry or business in which
16. Date (month and year) last engaged in this work  Present 19 in this work 1 Yr	nt 8 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 2 7 78
27. What prophylactic was used to prevent Ophthalmia Ne	onatorum?
	irth and including this child) now living
29. If stillborn, months or weeks	30. Cause of stillbirth
	was Stilloom at P m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) James M. D.
Give name added from	or Midwife  Address Pacatella Address
a supplemental report(Date of)	Filed 6/1, 1985 Nay
Rogistrar.	Registrar.



REUSEVED LIFE WAY	
PLACE OF DEATH  PLACE OF DEATH  DEPARTMENT OF PUBLICATION OF VITAL  BUREAU OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE
Pocatello CERTIFICATE O	F DEATH State File No. 93620
Registration District No Primary Registration Distric	t No. 2/6/ Local Registrar's No. 383
(No. Saint Ant) (If death occurred in a hospital or institution, given the content of the conten	nony's Hospital ) ve its name instead of street and number)
(a) Residence. No Pocatello, Id	laho. St
(Usual place of abode) Length of residence in city or town where death occurred. Vrs.  PERSONAL AND STATISTICAL PARTICULARS	П
3. SEX 4. Color or Race 5. Single, Married, Widow.	MEDICAL CERTIFICATE OF DEATH
Male White word Single	21. DATE OF DEATH (month, day and year) May 20,93
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	, 193, to
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
May 20, 1935.  AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm. The principal cause of death and related causes of impor
AGF Years Months Days If LESS than 1 day, hrs.	tance were as follows:
0 0 or min.	200 01 0200
8. Trade, profession, or particular	
kind of work done, as spinner, None sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this	
9. Industry or business in which	St. 10 Bank
work was done. as silk mill. Infant saw mill, bank, etc	May John
10. Date deceased last work_ 11. Total time (years)	
(mo. and yr.) occupation	Other contributory causes of importance;
12. BIRTHPLACE (city or town) Pocatello, (State or country) Idaho.	
E 18. NAME David P. Crockett	
14 DIRMITTAGE (A)	Name of operation Date of
14. BIRTHPLACE (city or town) California.	What test confirmed diagnosis? Was there an autopsy?.
Alis Maiden Name Jennie Cutler	23. If death was due to exter'l causes (violence) fill in als the following: Accident, suicide, or homicide? Date of injury193
15. MAIDEN NAME Jennie Cutler 16. BIRTHPLACE (city or town) Onyx, (State or country) Idaho.	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT David P. Crockett (Address) Pocatello, Idaho.	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place
Place Inkon, Idaho. Dat May 21,193. 3	Manner of injury
	Tracate of Myary
19 UNDERTAKER Hall Mortuary	24. Was disease or injury in any way related to occupation
(Address) Pocatello Idaho.	of deceased? If so, specify
20. FILED May 21, 1935. Registrar.	of deceased? If so specify
Registrar.	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cutton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Line BUREAU OF VITAL STATISTICS City of ... CERTIFICATE OF BIRTH .. 232110 No...... St. Registration District No. State File No. (If born in hospital or institution give name.) Prim. Registration District No. Z. Local Registrar's No.. 2. FULL NAME OF CHILD .... 4. Twin, triplet, or other...... If plural 8. Premature 7. Legiti-8. Date of 3. Sex birthe birth... 5. Number, in order of birth... Full term. RECORD 9. Full EATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race.W. W.L. Age at last birthday 3% (years 20. Color or race. Whale 21. Age at last birthday 3.5. (years 13. Birthplace (city or place) 22. Birthplace (city or place)..... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner. UPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. ይ 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must in this work 2 ma \_\_\_\_\_\_\_19\_\_\_\_\_\_ 1000 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead. (c) Stillborn. WITH UNEA months 29. If stillborn, period of gestation During labor. CERTIFICATE OF ATTENDING PHYSICLIN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ate 30m. on the date above stated. When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report..... chil Filed..... Registrar.

A PROPERTY AND PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PAR CONTRACTOR OF STREET The second secon Proposition of the Landing Nomethin III Cities, of 100 PHEATH. Committee of the Commit college to excell but an Supplier The second secon Manual of the Control Trouble to Ent sharping to buggerenter de gren de dient the state of the same of the same THE THE PARTY OF T A THUMBER OF THE PROPERTY AS Millian M. Mandalana To. A. A. C. Carl. without any supply and the party the wife we make the city THE RESERVE THE PROPERTY OF THE PERSON OF TH the little countries and crew Control of the Contro Photois (except sout fam), Caso's ethicition cape er the state of the west of the state of the second second second second second The second of the second in some of the land good like a full full see with you true with with Torness the Case of schille in the Case of The second second second THE PARTY OF THE P there is a figure and the same and the same and the same and the same and same and the same and Parallelle, i de galle de la comparte del Comparte de la Comparte del Comparte de la Comparte del Comparte del Comparte de la Comparte del Comparte del Comparte de la Comparte de la Comparte de la Comparte del Compart A CONTRACTOR OF THE PARTY OF TH draite it when the win it. THE THE BUTTON THE ST IN ASSESS

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STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No. Local Registrar's No. Primary Registration District No. 202 RECORD. 2. FULL NAME..... Residence. No..... (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 21. DATE OF DEATH (month da LHEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of ..... 193.—: death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) May The principal cause of death and related causes of importance were as follows: Date of onset 7. AGE Months Days If LESS than Years 1 day,..... hrs. or ... - min. 8. Trade, profession, or particular kind of work done, as spinner, ( 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... instruction Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this vear) 12. BIRTHPLACE (city or town) (State or country) Name of operation Date of 13. NAME What test confirmed diagnosis? ..... Was there an autopsy? 14. BIRTHPLACE (city or town)..... (State or country) 23. If death was due to exter leauses (violence) all in also the following: MOTHER Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME DEATH Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) O.F Manner of injury..... 18. BURIAL, GRA Nature of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased? .Q... If so, specify...... (Address) "(Signed).... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A THE PARTY OF THE The state of the s The second second second second - 15 that I structured by note to solve the first institute THE METERS AND THE PARTY NAMED IN the grante we are the cold LETUK 44 King I Victor Chief to what when A to be the control of Televida ki maka talah sahajian the party of the second of the second of the Terain was under or anything CHAPTER OF THE STATE OF THE STA THE REAL PROPERTY. The time with the state of Administration of Body unit A CONTRACTOR OF THE PARTY OF TH The Sandarand of the I describe the breathered to the wife the inter the content to vicential word was acres as over process the land of the attention of the PART PROPERTY OF representation of the transfer of the land the land reduction within and Committee of the same to be a second three to the same and the same of the sam Town Main m incommendation appropriate the property of the the state of the second second of the second the street of the base of the street of the Trace Personal I Mark of P Towns and the second The state of the s dering to his AMERICA ME A LEGISTER MORE MORE AND REPORTED TO THE PROPERTY OF THE PROPERTY O being rectified and at a high man with party conservation and party and the second of Active to the angle and a Lague from what or single I half there and attacked any sent continued Aretechnical Alexander THE PROPERTY AND A ALLOW SHIP THE PARTY AND THE PROPERTY OF THE A PROPERTY OF (40 05 06X)

should state ocen-STATE OF IDAHO EPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Bingham CERTIFICATE OF DEATH State File No...... City of Starling statement Registration District No..... Primary Registration District No. 2195 PHYSICIAN Local Registrar's No..... PERMANENT RECORD. 2. FULL NAME Jerry Harrington (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed. 21. DATE OF DEATH (month day, and year) May 23, 19635 or Divorced (write the word) male white I HEREBY CERTIFY. That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at ......m. 6. DATE OF BIRTH (month, day, and year) May The principal cause of death and related causes of importance If LESS than were as follows: 7. AGE Years Months Days 1 day, ... brs. **a** - or- - min. Stillbirth at 25th 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... Premature rupture of membranes from an undertermined 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... cause. Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation vear) 12. BIRTHPLACE (city or town)..... (State or country) FATHER Harrington Elza Rav 13. NAME plain What test confirmed diagnosis? Was there an autopsy? important. 14. BIRTHPLACE (city or town)..... Oklahoma (State or country) 23. If death was due to exter leauses (violence) all in also the following: in MOTHER Jane Rupe Accident, suicide, or homicide? ..... Date of injury ...... 193 15. MAIDEN NAMERATY DEATH Blackfoot Where did injury occur?... 16. BIRTHPLACE (city or town)..... (Specify city or town county, and State) Tdaho (State or country) Specify whether injury occurred in industry in home, or in public FORMENT (Address) O.F Manner of injury 18. BURIAL CREMATION: Nature of injury CAUSE Trein**ds** 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER..... (Address) ..... If so, specify...... Aberdeen. Idaho Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 uear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DEPARTMENT OF PUBLIC WELFARE 232154 County of City of ... Cana CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-2195 tion give name.) Prim, Registration District No. Local Registrar's No 2. FULL NAME OF CHILD hmaroa [f plure] 4. Twin, triplet, or other......... 6. Premature S. Thirte of 3. Sex births birth. 5. Number, in order of birth..... Full terms 2ma metaf 9. Full FATHER 18. Full MOTHER name maiden uarne. name QUI 10. Residence (agual place (of abode) Pingues (1) 19. Residence (usual place of blode) Pingue (If non-resident, give place and State) (If non-resident give place and State) ( 11. Color or racellhule!. 12. Age at last birthday 20 (years 20. Color or race. Whealet 21. Age at last birthday. 22 13. Birthplace (city or place). Blackfurt 22. Birthplace (city or place)..... (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done as spinner, I of work done, as housekeepen, CUPATION sawyer, bookkeeper, etc. Tamen. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. 2 ast engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) even 16. Date (month and year) must in this work 5 44 Besent 18. in this work. UNIFADING 27. What prophylactic was used to prevent Ophthalma Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) I (a) Born alive and now living Q...(b) Born alive but now dead. O. (c) Stillborn .... Before labor 7 ma months 29. If stillborn. or weeks 30. Cause of stillbirth hrem colune. During labor..... period of gestation 220004 membrades CERTIFICATE OF ATTENDING PHYSIC 12.19m. on the date shove stated. I hereby certify that I attended the birth of this child, who was all æ When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar.

A STATE OF THE PARTY OF THE PAR TAN BURN PROPERTY OF THE PARTY The section of the se AND THE RESIDENCE OF THE PARTY Party in the second sec THE THE MEMORY TO STATE OF Die Seit. Alle seite Kreen The same of the sa Trees have designed on the the dat to deal and bearing to it with

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to any there was an attended including a attended in the state of the

STATE OF IDAHO DO NOT WRITE IN THIS SPACE PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of... CERTIFICATE OF DEATH Registration District No..... PHYSICIANS Primary Registration District No. 2195 Local Registrar's No..... RECORD. 2. FULL NAME. Residence. No...... (If nonresident give city or town and state) (Usual pince of abode)
Length of residence in city or town where death occurred. ds. How long in U.S., if of foreign birth? mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 3.SEX 21. DATE OF DEATH (month day, and year) or Divorced (write the word) I HEREBY CER'TIFY. That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of to have occurred on the date stated above, at .3... The principal cause of death and related causes of importance 6. DATE OF BIRTH (month, day, and year) M were as follows: Date of onser If LESS than 7. AGE Months Years 1 day, ..... hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation. 12. BIRTHPLACE (city or town)
(State or country) 13. NAME What test confirmed diagnosis? ...... Was there an autopsy? .... important. (State or country) 23. If death was due to exter Icauses (violence) all in also the following: Accident, suicide, or homicide? Date of injury 193 15. MAIDEN NAME Where did injury occur?... 16. BIRTHPLACE (city or town). (Specify city or town, county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) OF Manner of injury 18. BURIAL, CRE TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify (Address) (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
reased had retired from business, report the occupation priorto retirement. Children not gainfully employed may be re-
turned as at school or at home. For a woman whose only occupation was that of home housework write housewife in
answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages how-
ever, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who
had no occupation whatever write none

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

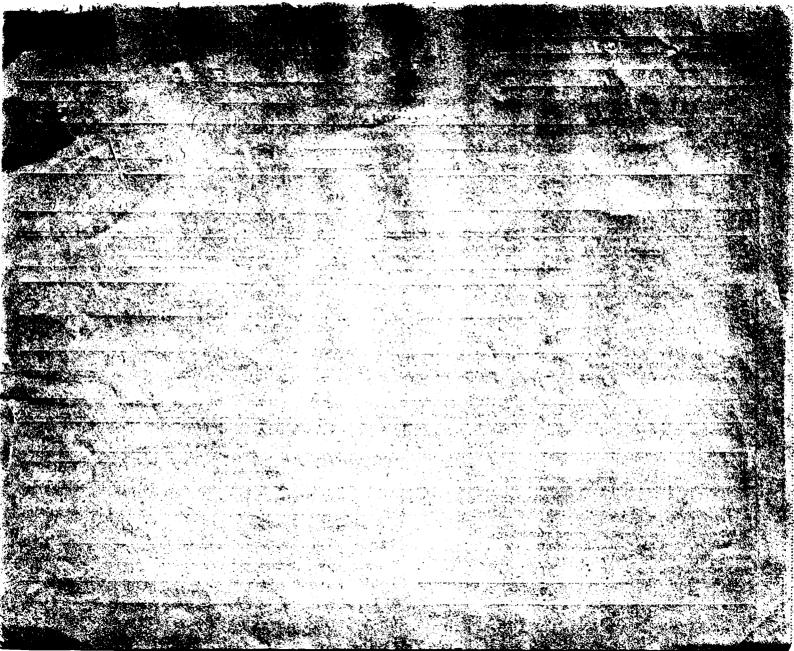
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	EXAMPLE II	<b>_</b>
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915		1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927  Peritonitis  Other Contributory Causes of importance:

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of. 232194 birth CERTIFICATE OF BIRTH No. Registration District No. State File No. . Prim. Registration District No. 2150 Local Registrar's No. 281 (If born in hospital or institution give name.) Stillbirth 2. FULL NAME OF CHILD. 8. Date of 7. Legiti-8. Sex birth. births 5. Number, in order of birth...... Full term McS Male mate? PERMANENT RECORD. (Month, Day, Year) 9. Full 6 FATHER [18. Full MOTHER name maiden aumber enella Sorbus name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) L.C. O. h. (If non-resident, give place and State) Can 11. Color or race 12. Age at last birthday 2 9 (years) the 20. Color or race 21. Age at last birthday 20. (years) 18. Birthplace (city or place) UCON 22. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, kind of work done, as spinner, Sect. o. h. of work done, as housekeeper, typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mil work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work K May 1955 19 35 in this work Lux ... in this work..... WITH UNFADING Separate Return mu 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. ..... (b) Born alive but now dead..... (c) Stillborn 1..... Stranulotion by Before labor..... 29. If stillborn, months period of gestation.... 30. Cause of Stillbirth C.O.A. or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR DWIFE at 11 a.m. on the date above stated. I hereby certify that I attended the birth of this child, who was.... しいたリストライヤ (Born Alive on Stickern) When there was no attending physician -or midwife, then the father, householder, etc., should make this return. .Q...., Midwife child 4 Give name added from a supplemental report..... Address .. (Date of) Filed May Registrar. Registrar.



What , List MAI A. STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BURHAU OF VITAL STATISTICS State File No..... CORD. Every PHYSICIANS · Registration District No...... Primary Registration District No. Local Registrar's No. (If death occurred in a hospital or institution, give/its name instead of great and number) 2. FULL NAME. Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, vrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race! 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22 I HEREBY CERTIFY. That I attended deceased 5a. It married, widowed HUSBAND of (or) WIFE of 193 5. death is said 6. DATE OF BIRTH (month. to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years LESS than Months Davs tance were as follows: 1 day.... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ...... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: .. (mo. and yr.) ...... occupation .. 12. BIRTHPLACE (city or tow (State or country) FATFER Name of operation ... What test confirmed diagnosis?. Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME, the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (cit# or tow Where did injury occur?..... (State or country (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury ... 24. Was disease or injury in 19. UNDERTAKER of deceased?..... (Address) (Signed) ... (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		
		# # # # # # # # # # # # # # # # # # #		

RECORD

WRITE



THACE OF DEATH County of CARLEST OF THALE STATESTICAL PARTICULARS  PERSONAL AND STATESTICAL PARTICULARS  SEX	ry R	ECEIVED 104 6	STATE OF ID.	АНО	•
City of Class	n gen		DEPARTMENT OF PUBI	IC WELFARE DO NOT WRITE IN THIS SPACE	٦
Registration District No.  Primary Registration District No.  Primary Registration District No.  Primary Registration District No.  Control of the standard of the street and number)  2. FULL NAME  (a) Residence. No.  (if death occurred my hoppital or justifution, githyfin name instead of street and number)  2. FULL NAME  (a) Residence. No.  (Cloud blace of abode)		II	". CEDTIEICATE A	SE DEATH 93709 ~	
Primary Registration District No. 21 Local Registrate No. 3.3  (If death occurred the heapital or patiently as a me instead of street and number)  (If death occurred the heapital or patiently as a mean instead of street and number)  (If death occurred the heapital or patiently as a most of the patiently as a mean instead of street and number)  (If death occurred the heapital or patiently as a most of the patiently as a mos	2 Z	City of OX COMA I alla	MERTINICA JE O	State File No.	-
2. FULL NAME  (a) Residence. No  (a) Residence. No  (build place of abode)  Length of residence in city of lown where death occurred. yrs. mos. ds. filed nonresident give city or town and state)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  SEX	E St C		Registration District No		_
2. FULL NAME  (a) Residence. No  (a) Residence. No  (build place of abode)  Length of residence in city of lown where death occurred. yrs. mos. ds. filed nonresident give city or town and state)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  SEX	RD. IYSI Exac		ONG Y NOW HAVE	1. h	
RESIDENCE NAME  (a) Residence No. (Usual place of abode)  Length of residence in city or town where death accurred. yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long in Us. S. if of foreign birth? yra mos. da. How long	응품	(If death occurre	d in a hospital or institution, gi	e its name instead of street and number)	
PERSONAL AND STATISTICAL PARTICULARS  SEE 4. Color or Race 5. Sinkle, Married, widowed or plygreed write the word of plygreed write the wor		2. FULL NAME	All aut	· · · · · · · · · · · · · · · · · · ·	
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS    A Color or Race   S. Single, Married, Widowed or phygread write the world with the world wind wind with the world wind wind wind wind wind wind wind win	T. Y. J. Signatura	(a) Residence. No(Usual place of abode		St	
3. SEX 4. Color or Race S. Single, Married, Widow, ed or Divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Married, Widowed, or divorced (write the world)  Jan H. Jan J. J	NEN ACT clay cate.	Length of residence in city or to	vn where death occurred. yrs.	(If nonresident give city or town and state) nos. ds. How long in U. S., if of foreign birth? yrs. mos.	ia.
WOLLD BOOK OF THE PROPERTY OF	P\$X\$€			MEDICAL CERTIFICATE OF DEATH	$\mathcal{Z}$
Sa. Miniral, widowed, or divorced to the second to the sec	d E	Oi of white		21. DATE OF DEATH (month, day and year) lucy	
THE STATE OF BIRTH (month, day, and year)    Color Wife of   C	or a grand	5a. If married, widowed, or d		22. I HEREBY CERTIFY, Phat attended deceased to	
STRIPTO TO BIRTH (monit, day, and year)  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days If LESS than 1 day, hrs. or s. min. The principal cause of death and related causes of importance as follows:  1. AGE Years Months Days II day, hrs. or s. min. The principal cause of importance as follows:  1. AGE Years Months Days II day, hrs. or s. min. The principal cause of importance as follows:  1. AGE Years Months Days II day, hrs. or s. min. The principal cause of importance as follows:  1. AGE Years Months Principal Causes (verse) Importance as follows:  1. AGE Years Mon	Sk S A B	(or) WIFE of	1 a 4 +	, 193. N., to Alexe, 198.	
THE PRINCIPAL STATE AND THE PRINCIPAL CONTROL OF THE PRINCIPAL CONTROL	SIS be ba	6. DATE OF BIRTH (month,	ay, and year)	I last saw halive on, 193; death is sa	d
State or country    1 day, hrs. or so min.   1 day, hrs. or so min.   2 day. hrs. or so min.			s Days If LESS then	to have occurred on the date stated above, atm.  The principal cause of death and related causes of impo	· ·
NEW Control of the contributory causes of importance:    S. Trade, profession, or particular kind of work done, as spinner, suvyer, bookkeeper, etc., suvyer, suvyer, bookkeeper, etc., suvyer, suvyer, bookkeeper, etc., suvyer, bookkeeper, etc., suvyer, suvy	OF SEE		1 day, hrs.	tance were as follows:	`
9. Industry or business in which work was done, as silk mill.  **work was done, as silk mill.  **suw mill, bank, etc.  10. Date deceased last work. ed at this occupation (mo. and yr.)	ict.	8. Trade, profession, or par	double		• •
Name of operation.  Part of the work was done, as slik mill.  Sind will, bank, etc.  Work was done, as slik mill.  Sind will, bank, etc.  Other contributory causes of importance:  Other contributory	H S S I	nuvjer, bookkeeper, etc.		The point of my punction	· ·
DATE deceased last work.   1. Total time (years)   12. BIRTHPLACE (city or town)   12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL (State or country)   18. BURIAL (CREMATION OR REMOVAL Place)   18. BURIAL (CREMATION OR REMOVAL Place)   19. UNDERTAKER   19. 4. CREMATION OR REMOVAL   19. 4. CREMATION OR REMOVAL   19. 4. CREMATION OR REMOVAL   19. UNDERTAKER   19. 4. CREMATION OR REMOVAL   19. 4. CREMA	E. C.	work was done, as silk	m (11	9	
THE STATE OF THE PLACE (city or town). Cocupation  12. BIRTHPLACE (city or town). Company of the contributory causes of importance:  13. NAME (State or country)  14. BIRTHPLACE (city or town). Country  15. MAIDEN NAME (State or country)  16. BIRTHPLACE (city or town). Country  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place (City or town). Country  19. UNDERTAKER  193.4 (Address)  20. FILED THE COUNTRY)  10. Date of country (Signed)  11. Date of country (State confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury 193.4 (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease or injury in any way related to eccupation of deceased? It payed by the country of the cou	Se la constant	2 10. Date deceased last worl	( 11. Total time (vegre)	<b>V</b>	••
12. BIRTHPLACE (city or town). Clause Jalls, 3da.    13. NAME		ed at this occupation (mo. and yr.)	n spent in this	Other contributory causes of importance:	
HIJOHO J. NAME  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION OR REMOVAL  Place  19. UNDERTAKER  (Address)  20. FILED  19. 193. 1  10. NAME  11. NAME  11. NAME  11. Name of operation.  Nature of injury occur?  (Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to eccupation of deceased?  (Signed).  (Signed).  Nature of injury.  (Signed).	Isi su t.	12. BIRTHPLACE (city or to	N 1 1) N 10 10 10 10 10 10 10 10 10 10 10 10 10		
13. NAME  14. BIRTHPLACE (city or town). Control Yall  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Carpagning  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of the place of th		(State or country)		••••••	. <b>.</b> .
15. MAIDEN NAME  16. BIRTHPLACE (chy or town).  (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  Place  19. UNDERTAKER (Address)  20. FILED   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.	Fêt g	13. NAME Wille	rd . Mintum		_
15. MAIDEN NAME  16. BIRTHPLACE (chy or town).  (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place  Place  19. UNDERTAKER (Address)  20. FILED   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.4   193.	ĭ a K	14. BIRTHPLACE (city or	town) Zenin Falls		
17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of the first of injury.  19. UNDERTAKER (Address)  20. FILED (1934)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of the first of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)	F E		Alako.		
17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of the first of injury.  19. UNDERTAKER (Address)  20. FILED (1934)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL  Place of the first of injury.  Nature of injury.  24. Was disease or injury in any way related to occupation of deceased?  (Signed)  (Signed)		E 15. MAIDEN NAME	auce Delman	the following:	
Specify city or town, county, and state)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMOVAL Place Date Date Manner of injury.  19. UNDERTAKER (Address)  20. FILED Mar. 1934 (Signed)  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in public place.  Manner of injury.  24. Was disease or injury in any way related to eccupation of deceased? If payedty (Signed)  (Signed)	A SON	16. BIRTHPLACE (chy or (State or country)	town). ( a. y san fing		3.
18. BURIAL, CREMATION OR REMOVAL  Place Substitution Date Substitution of Injury.  19. UNDERTAKER (Address)  20. FILED Substitution 1934 (Signed)  Public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to eccupation of deceased? If payedly (Signed)	F SE	17. INFORMANT Z.MAN	July P m +	(Specify city or town, county, and state)	•
20. FILED mice 1934 - (Signed) (Signed) D.		(Address)	who I do.		ın
20. FILED mice 1934 - (Signed) (Signed) D.					
20. FILED mice 1934 - (Signed) (Signed) D.	Ç⊈ Ç.≰		Date 1800 S, 193.		<u></u>
20. FILED June 1, 1934 - Complement (Signed) (Signed) M. D.	].8 #O	(Address)	1		• • •
Registrar. (Address) . A. dell. Once tall.	<u> </u>	20. FILED, 193.4.	Lower Line	(Signed) M.	D.
	Z.		Registrar.	(Address) A. dely Ones total	<u></u>

STATEMENT OF OCCUPATION Precise statement of occupation is very important, so that the relative healthfulness of
take average can be known. Make some entry in this section for every person aged 10 years or over. If the deceased fixed
from business, report the accumulation prior to retirement. Unildren not gainfully employed may be returned as at school
at hame, for a woman whose only occupation was that of home housework, write nousewife in answer to Question 8 and 617/11
he is answer to Question Q. For a person engaged in domestic service for wages, nowever, designate the occupation by the
riate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.
p be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

tating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the kind of work done and return that as sninner, weaver, etc.

g the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

stinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engimining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can used. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

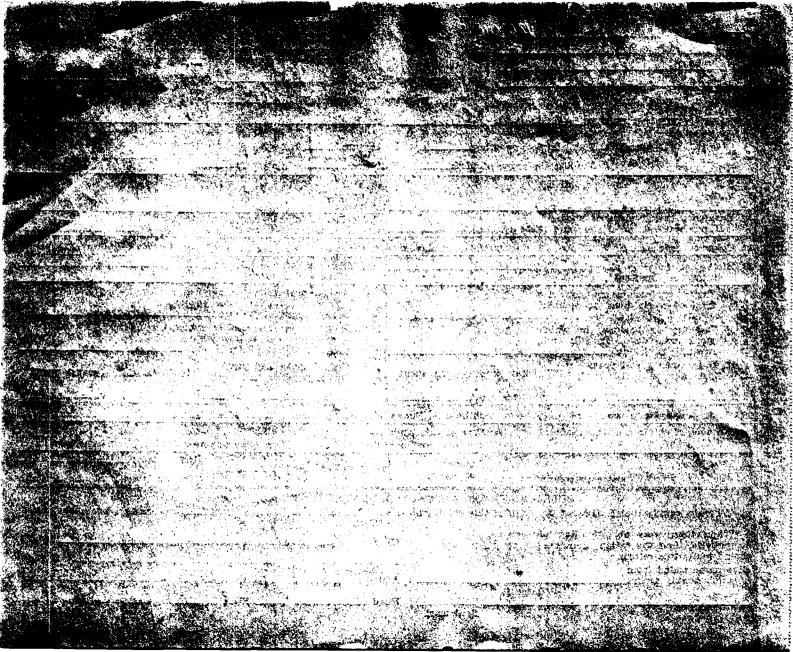
TATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the fidying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As reauses, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principals. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of 130 n n x 11 2 318 120 010 -893 232208 BUREAU OF VITAL STATISTICS of more City of Idaho Folls CERTIFICATE OF BIRTH Memorial NYC St No. 1108 bita Registration District No. . State File No. case ir Prim, Registration District No. 2150 Local Registrar's No. 380 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other..... 6. Premature 108 7. Legitibirth May 2 0 1935 5 month hs births 5. Number, in order of birth..... Full term... mate? (Month, Day, Year) PERMANENT RECORD. 9. Full FATHER. MOTHER ö 118. Full name maiden Hicks. name YM 814 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State 10 we. La ala (If non-resident, give Wace and State). Haws I do ho 11. Color or race 12. | 12. Age at last birthday 2. (years) 20. Color or race 21. Age at last birthday 32 (years) 13. Birthplace (city or place) Kosebud 22. Birthplace (city or place) thins be-(State or Country) (State or Country) Washington Missour. 23. Trade, profession, or particular kind each. 14. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

15. Industry or business in work was done, as sil sawmill, bank, etc.

16. Date (month and year)
last engaged in this work sawyer, bookkeeper, etc. kind of work done, as spinner, of work done, as housekeeper, Housew. typist, nurse, clerk, etc. .... 24. Industry or business in which 15. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. work was done, as silk mill, INK-THIS made sawmill, bank, etc. 25. Date (month and year) 17. Total time (years) spent 26. Total time (vears) spent last engaged in this work last engaged in this work ğ May 20 1935 must May 20 1925 in this work 3 4 Y S in this work 2475-UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor..... 29. If stillborn months period of gestation 1 months 30. Cause of stillbirth..... or weeks During labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MOWIFE St. 11 b. v h at ... m. on the date above stated. I hereby certify that I attended the birth of this child, who was....... (Born Alive or Stillborn) When there was no attending physician **★ M.** D. (Signed) ...... or midwife, then the father, householder, etc., should make this return. \_\_\_\_\_ Midwife Give name added from Address Idaho Falls. Ida a supplemental report..... Filed May 21 , 1985 Com imain (Date of) ОПО Registrar. Registrar.



STATE OF IDAHO. shoul DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS. RECORD. Ever Registration District No..... Primary Registration District No. Local Registrar's No. ki sa a (If death occurred in a hospital or institution, give its name instead of street and number) Boly Boy Ca Hill 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Diworced (write the word) ราบาร์สา เราการ เกา**อกเพิ่งส** 22. I HEREBY CERTIFY, That I attended deceased in 5a. If married, widowed, or divorced HUSBAND of ..... to ...... 193..... to (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: 1 day, O. hrs. or .. O. min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work- 11. Total time (years) spent in this ed at this occupation Other contributory causes of importance: ... (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..., 193. Q 16. BIRTHPLACE (city or town) Where did injury occur?..... (Specify city or town, county, and state) CAUSE 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. Manner of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased? . . (Signed) (Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

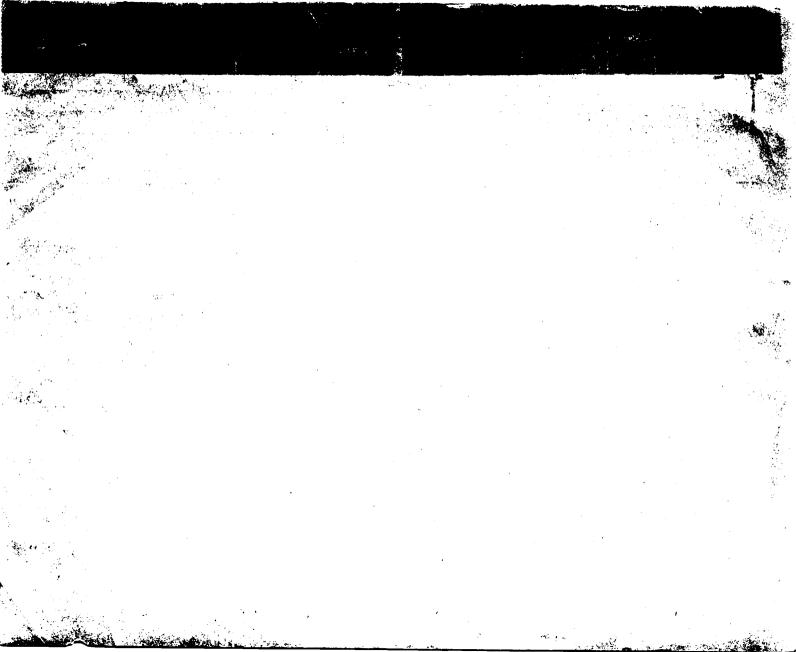
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related Date of onset The PRINCIPAL CAUSE OF DEATH and related Date of oaset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 vear ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF IDARO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Missorial Wrine St. 73 Kospital Registration District No. State File No. case er of Prim. Registration Districty No. 215 6 Local Registrar's No. 269 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 8. Date of 8. Sex birth 2014 9 1985 births 5. Number, in order of birth..... Full term mate? (Month, Day, Year) 9. Frail FATHER MOTHER 18. Full name maiden 7. Umer name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) dalo Valla dele (If non-resident, give place and State) adala Talla da 11. Color or race Whit. | 12. Age at last birthday 23 (years) 13. Birthplace (city or place) Haden 20. Color or race white... | 21. Age at last birthday 35....(years) 22. Birthplace (city or place). Hagen (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work lan 1st , 194 in this work / year 5 me in this work & Mo. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2.... (b) Born alive but now dead....... (c) Stillborn ...... 29. If stillborn. Before labor..... months period of gestation 72 Mouths 30. Cause of/stillbirth..... or weeks (12) A Athensaleller During labor Glas CERTIFICATE OF ATTENDING THYSICAL OF ded the birth of this child, who was OR MIDWIFE At 10 0 m. on the date above stated. . I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, householder, etc., (Signed) should make this return. Give name added from child a supplemental report.... (Date of) Registrar.



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS DEATH PHYSICIANS State File No..... Registration District No .. Primary Registration District No. Local Registrar's No. CORD (If death ocurred in a hospitch or institution, give its name instead of street and number) 2. FULL NAME... Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos. ds. How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) Qu 9 193 ed or Vivorced (write the word) That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and 7. 193...: death is said year to have occurred on the date stated above, at 1.3.4 5.m. AGE Years The principal cause of death and related causes of impor-Month Days If LESS than tance were as follows: 1 day.... hrs. Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation..... ∕nDa⁄te of...... 14. BIRTHPLACE (city or\_town) What test confirmed diagnosis? ... Was there an autopsy?... (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also ation should I 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town). Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place, ...... 18. BURIAL, CREMATION Manner of injury..... Date//24. 11. . 1933 Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKE (Address) of deceased?. 20. FILED . 77. 9-1. 1 (Signed) Registrar. (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN		

PLACE OF BIR RECEIVED JUN 10 100 PARTMENT OF PUBLIC WELFAL STATISTICS PARTMENT OF PUBLIC WELFARE 232271 County of Courses City of Nampa, CERTIFICATE OF BIRTH No The Browns St. Materitica Idonne Registration District No. .... Prim. Registration District No. 2006 Local Registrar's No. 162 (If born in hospital or institution give name.) Stillbon 2. FULL NAME OF CHILD ..... N. W. 7. Legiti-8. Date of [f plural hirth 3. Sex births 5. Number, in order of birth.... Full term had meta? RECORD. MOTHER 18. Full FATHER 9. Full maiden name name amea Mouroe 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Kuna (If non-resident, give place and State) .......... PERMANENT each, and the 11. Color or race Awa | 12. Age at last birthday 19. (years) 22. Birthplace (city or place). Custes A Ris 13. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, OCCUPATION typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc OCCUPATION 24. Industry or business in which 15. Industry or business in which be made work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc. ... at sawmill, bank, etc.... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work KK must , 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Return (a) Born alive and now living. O. (b) Born alive but now dead. O. (c) Stillborn. L.... Before labor..... or weeks 30. Cause of stillbirth.... with une 29. If stillborn, During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 9:00 P. M. I hereby certify that I attended the birth of this child, who was tilboun et ..... m. on the date above stated. Born Aliye on Stilborn by When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from Address Ilambea a supplemental report..... chil 1935 Zyda Filed... Registrar.

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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

RECEIVED JULY 1 SALES, OF IDA	
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE
County of County	11:31741:7
~ CERTIFICATE ()	F DEATH   State File No
City of Registration District No	
Primary Registration District	No. 2006 Local Registrar's No. 162
· · · · · · · · · · · · · · · · · · ·	' M. H + 11
(If death occurred in a hospital or institution, give	re its name instead of stocet and number)
(a) Residence. No. (Usual place of abode)	St
Length of residence in city or town where death occurred. yrs.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the word) word)	21. DATE OF DEATH (month, day and year) 5-3- 193 S
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of	5-3- 193.5- to5-3., 193.5-
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw hamalive on5-3-, 193.5.: death is said
5 - 3 - 3 5	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
1 day, hrs.	tance were as follows:  Date of onset
	∥
kind of work done, as spinner,	apress of
snwyer, bookkeeper, etc	housing wan
work was done, as silk mill.	deal alouta
saw mill, bank, etc	werk
ed at this occupation spent in this	Other contributory causes of importance:
(mo. and yr.) occupation	
12. BIRTHPLACE (city or town). Nampea, . a. laho	
(State or country)	
13. NAME James Mourae Bratten 14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town)	
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Leans Langue alfall 16. BIRTHPLACE (city or town). Custan, O. Kla.	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.
[5] 16. BIRTHPLACE (city or town). Curatur, O. Hela. (State or country)	Where did injury occur?
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place.
Place. J. Date. 5 - 4 , 193 5	Manner of injury
Date	Nature of injury
19. UNDERTAKER (Address)	of deceased? If so species
	(Signed) M. D.
20. FILEDITURE	(Address) Dunga, Idaha
<u></u>	<u></u>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

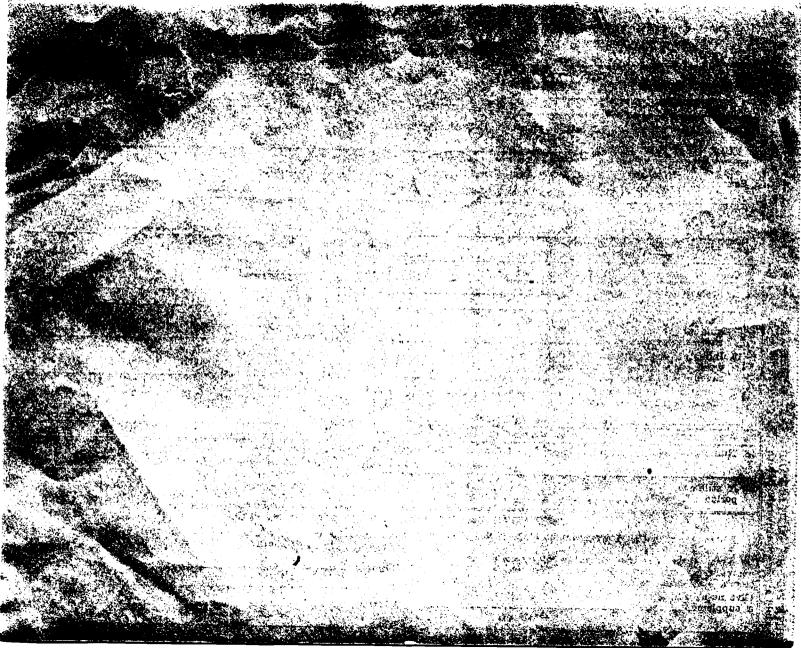
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ego	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

389-123021-384 PLACE OF BIRTH RECEIVED JUN 13 1986 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of of more birth st CERTIFICATE OF BIRTH City of Ch No. State File No. Registration District No. ----Prim. Registration District No. 2119 Local Registrar's No. ... (If born in hospital or institution give name.) FULL NAME OF CHILD. 8. Date of ä If plural (4. Twin, triplet, or other win 7. Legiti-Premature. births mate? (Month, Day, Year) 5. Number, in order of birth.... Full term .... MOTHER 18. Full FATHER Full 엉 maiden name hristens name 19. Residence (usual place of abode) 16/Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 21. Age at last birthday (years) 20. Color or race W 11. Color or race U | 12. Age at last birthday LC (years 13. Birthplace (city or place) Hyste 22. Birthplace (city or place) and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. \_\_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, made lawyer's office, silk mill, etc. ..... sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work þ UNFADING INK te Return must be in this work..... 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living \_\_\_\_ (b) Born alive but now dead \_\_\_\_ (c) Stillborn \_\_\_\_ Before labor. 30. Cause of stillbirth Lungen months 29. If stillborn, or weeks During labor.... period of gestation..... Separa WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MOWIFE I hereby certify that I attended the birth of this child, who was Mil m. on the date above stated. Them Alive or builborn When there was no attending physician ) (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Give name added from WRITE one child a supplemental report (Date of) Filed ... Registrar.



BINDING

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

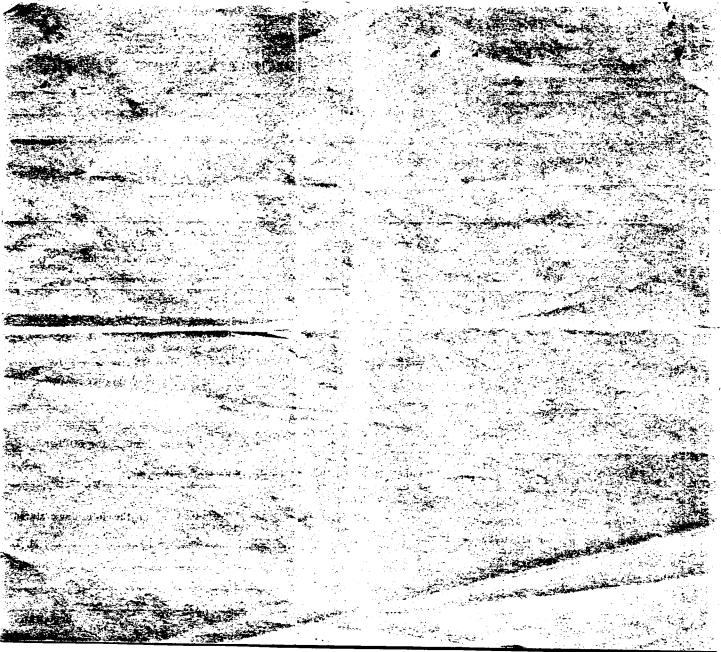
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EXAMPLE I		EXAMPLE II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:		
Gallstones	May 1, 1923		1 year	
	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
		1		

REVEDENT. STATE OF IDAHO N. B.—In case of more than each, in order of birth stated ARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH No. St. Registration District No. ...... State File No. (If born in hospital or institu-Prim. Registration District No. Local Registrar's No. 2 tion give name.) 2. FULL NAME OF CHILD 7. Legitiif plural ther..... Premature.... 8. Date\_of 3. Sex births birth... Fund. 5. Number, in order of wirth. Full term... mate ! (Month, Day, Year) ö RECORD. 18. Full MOTHER FATHER number mai James Madeson nam 19. Residence (usual place of abode) W. Residence (usual place of abode (If non-resident, give place and State) Manual (If non-resident, give place and 20. Color or race. | 21. Age at last birthday. (years 22. Birthplace (city or place)..... (State or country) (State or country) esch. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as sod sawyer, bookkeeper, etc Cuguuur OCCUPATION typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill work was done, as own homesawmill, bank, etc..... lawyer's office, silk mill, etc. .... 25. Date (month and year) 26. Total time (years) spent pe 16. Date (month and year) lest engaged in this work 17. Total time (years spent must Luke 19..... in this work. 2.2 **ARTE** 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor. or weeks 30. Cause of stillbirth. 29. If stillborn, period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN UN m. on the date above stated. I hereby certify that I attended the birth of this child, who When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... cbil *35*...., 193..... Rociotrar. Registrar.



N. B.—WRITE PLAINEY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of

	PLACE OF DEATH	STATE OF IDEPARTMENT OF PUB	OAHO	DO NOT WRITE IN	milia ana aw
	nty of Lites-Can	BUREAU OF VITAL	STATISTICS	DO NOT WRITE IN	IIII SPACE
	7 01	CERTIFICATE (	OF DEATH	State File No9	2685
		Registration District No			4 -
		Primary Registration Distric	et No	Local Registrar's No	208
2.	(If death occurred	(No. in a hospital or institution, g	ive its name instead	of street and number)	306
	(a) Residence. No. (Usual place of abode)	Thank	<u> </u>	St	
Ler	igth of residence in city or town	where death occurred. yrs.	mos. ds. How long	sident give city or town in U.S., if of foreign birth	and state) ? yrs. mos. ds
	PERSONAL AND STATIST		1	AL CERTIFICATE OF D	
3.	SEX 4. Color or Race	5. Single, Married, Widow-			1000
Z	ale subite	ed or Divorced (write the word)		ATH (month, day and	3 193
<sup>5</sup> 5a	HUSBAND of	orced	22. I HEREBY C	ERTIFY That I attend	
	(or) WIFE of S	<u>, , , , , , , , , , , , , , , , , , , </u>	7 land market	Total In.	198
٠. ا	DATE OF BIRTH (month, da	y, and year)		live on, 193 on the date stated above	
7.	AGE Years Months	Days   If LESS than	The principal cau	se of death and related	
	4.5	1 day, hrs	tange were	follows:	Date of onse
Z	8. Trade, profession, of partic	nion E	-		• • • • • • • • • • • • • • • • • • • •
01.	kind of work done, as ap sawyer, bookkeeper, etc			• • • • • • • • • • • • • • • • • • • •	
PATHON	9. Industry or business in wl work was done, as silk mi	11.			
OCCE	saw mill, bank, etc  10. Date deceased last work		•	• • • • • • • • • • • • • • • • • • • •	
3	ed at this occupation (mo. and yr.)	spent in this occupation	Other contribut	ory causes of importance	:
15	DIPELIDI ACE (-14		-		
	2. BIRTHPLACE (city or toyn (State or country)	oding Co Ita.	•		
FER	13. NAME James A	notther later to			
TE	14. BIRTHPLACE (city or to			n	
	(State or country)	lo lo	-	ed diagnosis Was th	
H	15. MAIDEN NAME Jue	n Chambellain	23. If death was the following:	due to exter'l causes (vic	olence) fill in al
E-0	16. BIRTHPLACE (city or to	wn)		or homicide? Dat	e of injury, 19
7	- / -	arguithe Mick.	where did injur	y occur? pecify city or town, coun	ty, and state)
17	. INFORMANT	···f-·····	M	injury occurred in <b>indust</b>	
18	BURIAL, CREMATION OR I	REMOVAL	M .		
	Place hashau	1 Pate . 7. 7. 4, 1938.	~	,	
	UNDERTAKER	trail bra	24. Was disease o	or injury in any way rela	ited to occupation
19					
19	(Address)	All Land	of deceased?	If co, specify	W. T. W.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

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Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	·	

UNFADING to Return mi

2 - -

STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE CORD. Every item PHYSICIANS shou BUREAU OF VITAL STATISTICS County of. CERTIFICATE OF State File No..... City of ..... Registration District No..... Primary Registration District No..... Local Registrar's No..... RECORD (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race | 5. Single. Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h...alive on ...... 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Months Dayse If LESS than 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ...... mportant 12. BIRTHPLACE (city or town (State or country) 13. NAME Name of operation..... Date of...... 14. BIRTHPLACE (city What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or Ĉ Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... Manner of injury..... Date May 2.4. 1935 Nature of injury..... 24. Was disease or injury in any way related to occupation (Address) of deceased?... (Signed) (Address)

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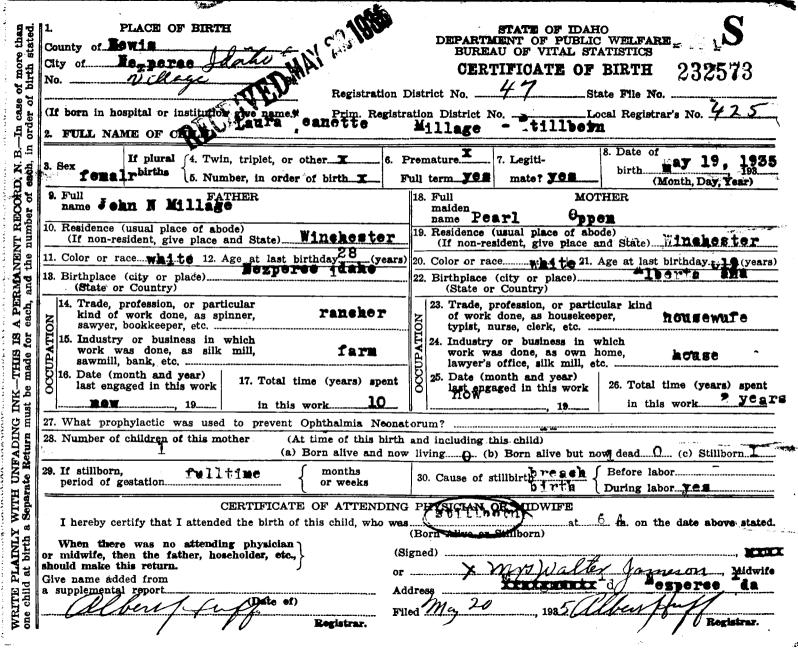
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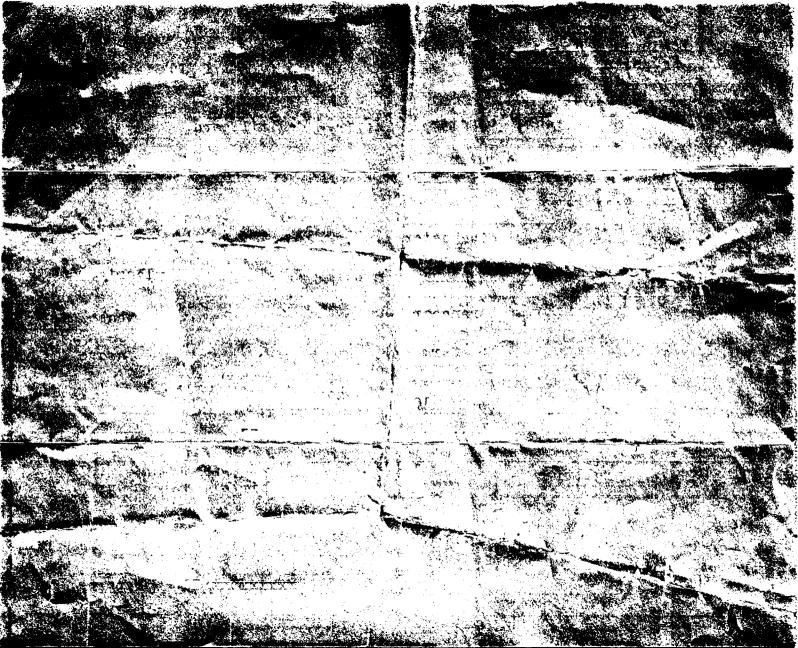
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		





STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE ACE OF DEATH BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH State File No. Registration District No..... Local Registrar's No. Primary Registration District No..... (If death occurred in a hospital or institution give its name instead of street and number.) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. mos. Length of residence in city or town where death occurred. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. Single, Married, Widowed, or Divorced (write 22 word) 3.SEX 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY, That I attended deceased from...... 5a. If maried, widowed, or divorced HUSBAND of I last saw h.....alive on....., 193.....: death is said (or) WIFE of to have occurred on the date stated above, at 6.00 Am 6. DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance Date of onset 7. AGE Years Days sar 1 day, ...... hrs. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and occupation..... 12. BIRTHPLACE (city or town)
(State or country) FATHER Name of operation Date of 13. NAME What test confirmed diagnosis? ...... Was there an autopsy? .... 14. BIRTHALACE (city or town) (State or country 23. If death was due to exter leauses (violence) all in also the following: MOTHER 15. MAIDEN NAME Where did injury occur? 16. BIRTHPLACE (city or town) (Specify city or town county, and State) DEA (State or country) Specify whether injury occurred in industry in home, or in public (Address) OF Manner of injury 18. BURIAL, CREMATION. OR REM Nature of injury..... CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) ...... If so, specif: (Signed) 20. FILED 200 193.5.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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1. PLACE OF BIRT STATE OF IDAHO N. B.—In case of more than each, in order of birth stated. PARTMENT OF PUBLIC WILLFARI County of West Teral BURRAU OF VITAL STATEMENT 23263] City of Jane GERTIFICATE OF 1 State File No. ..... Registration District No. (If born in hombial or institu-tion give name.) 2. FULL NAME OF CHILD 8. Date of (f plural 5-11- 1115 hirth..... births 5. Number, in order of birth..... Full term. mate?...> (Month, Bar, RECORD. 18. Full MOTHER FATHER 9. Full nunioer maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). ENT. 11. Color or race Man 12. Age at last birthday 3.2. Gears 20. Color or race Masslet 21. Age at last birthday. 13. Birthplace (city or place) a summer (State or country) 22. Birthplace (city or place) Amazana. (State or country) each. 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, CUPATION typist, nurse, clerk, etc..... 4 24. Industry or business in which 15. Industry or business in which made work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent 2 last engaged in this work must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Tangy Beria. UNIFADING 28. Number of children of this mother (At time of this birth and including this child) 5 (a) Born alive and now living. 4. (b) Born alive but now dead. 2. (c) Stillborn. Before labor..... months or weeks 50. Cause of stillbirth.... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE on the date above stated. I hereby certify that I attended the birth of this child, who was..... When there was no attending physician ! (Signed) ..... or midwife, then the father, householder. etc. should make this return. Give name added from a supplemental report.... Address .... Filed ALL Registral. Registrar.

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227 040-759 PLACE OF BIRTH ED JUN 15 191 STATE OF IDAHO of more than of birth stated. ARTMENT OF PUBLIC WELFARE County of Musiches BUREAU OF VITAL STATISTICS City of Wallace . CERTIFICATE OF BIRTH No banyon are St Registration District No. 70 State File No. Irondence-(If born in hospital or institu-Prim. Registration District No. /0// Local Registrar's No. 47 tion give name.) 2. FULL NAME OF CHILD Marian Cillen Jeran N. B.-7. Legiti-If plural 8. Date of 3. Sex births birth ! mate ye 5. Number, in order of birth. Full term. (Month, Day, Year RECORD. FATHER 18. Full MOTHER 9. Full number maiden name name & som 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Mullon. (If non-resident, give place and State) PERMANENT the 20. Color or race M. | 21. Age at last birthday 28 (years) and 13. Birthplace (city or place) Ladville Colorado. 22. Birthplace (city or place) kee Unk Mills. (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, A kind of work done, as spinner, CUPATION for A COUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, mad THIB lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent þe 16. Date (month and year) last engaged in this work 17. Total time (years) spent Eresse 1995 Ul present 1935 in this work..... in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(e) Stillborn...... Before labor LLL WITH UNE a Separate months 29. If stillborn, 30. Cause of stillbirth..... During labor..... period of gestation.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... D.m. on the date above stated. AINLY t birth When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from WRITE One chik a supplemental report..... Address ..... Filed Way 29 1935 John Registrar. Registrar.

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	RECORD HYSICIA :xact state	(II) death occurred in a hospital or institution,	give its name instead of street and number.)	10
	YS YS	2. FULL NAME // Aroun	Persia 7	0 0
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	E · · · ·	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town ands. How long in U. S., if of foreign birth? yrs.	nd state) mos. ds.
	KEN EA.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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NDIN	EXX EX	Ba. If maried, widowed, or divorced HUSBAND of	, 193, to	193
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#	S & S & S & S & S & S & S & S & S & S &	6. DATE OF BIRTH (month, day, and year May 27-35	to have occurred on the date stated above, at	
OF	S E E	7. AGE Years Months Days If LESS than	The principal cause of death and related causes of im were as follows:	Date of onser
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	ILY, WIT d be carefu TH in plai important.	(State or country)	23. If death was due to exter'icauses (violence) all in also the	
	. 5 H P	15. MAIDEN NAME lungs Perala	Accident, suicide, or homicide? Date of injur	y, 193
		15. MAIDEN NAME lungs Verala 16. BIRTHPLACE (city or twn)	Where did injury occur?	
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	LAIN] should DEAT	17. INFORMENT Valler Yerela.	place.	or an public
	H 4 H 2	(Address) Mullan Ha	Manner of injury	***************************************
		18. BURIAL, CAMATION, OR HEMOVAL Place White Date Date 28, 1930	Nature of injury	
		19. UNDERTAKER & Burn word who Co.	24. Was disease or injury in any way related to occupation of	of deceased?
	inform CAUS PATIC	(Address) waller the	If so, specify	<i>D</i>
		20. FILED May 28, 1985 John Burer	(Signed)	, <b>м</b> . D.
	ż	Registrar.	(Address)	
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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STATE OF SDARD --In case of more than in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of .... BURBAU OF VITAL STATISTICS City of ... CERTIFICATE OF BIRTH 12/81042 4/2 Registration District No. .....State File No. (If born in hospital or institu-Prim. Registration District No. 201 tion give name.) .Local Registrar's No... 11) aura 2. FULL NAME OF CHILD ..... N. B.-7. Legiti-8. Date of Ma ff plural 4. Twin, triplet, or other......... 6. Premature... 3. Sex births 5. Number, in order of birth..... Full termina. RECORD. mate ! 9. Full FATHER 18. Full MOTHER name maide name | Lan 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Du PERMANENT (If non-resident, give place and State) 11. Color or race | 12. Age at last birthday 29. (years 20. Color or raceial | 21. Age at last birthday of (years) 13. Birthplace (city or place) alen Minn 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. CUPATION INK-THIS IS A must be made for typist, nurse, cierk, etc. Annal fee sawyer, bookkeeper, etc ........... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc.... 16. Date (month and year) last engaged in this work 17. Total time (years) spent Date (month and year) last engaged in this work
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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·

297 106 WI 194 PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of... DEPARTOR VITAL STATISTICS N. B.—In case of more each, in order of birth st City of Barel CERTIFICATE OF BIETH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 201 Local Registrar's No. 368 tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other 6. Premature 32.7. Legiti-8. Date of If plural 2. Sex /// birth. births 5. Number, in order of birth. Full term 22 mate?... RECORD. MOTHER 18. Full FATHER. 9. Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) PERMANENT 20. Color or race ( ..... | 21. Age at last birthday. 43... (year) (State or country) (State or country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc ..... typist, nurse, clerk, etc. 15. Industry or business in which I Ma 24. Industry or business in which be made work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 19 in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) I premonostille (a) Born alive and now living......(b) Born alive but now dead. Q....(c) Stillborn.36 Before labor ye.o... months or weeks 30. Cause of stillbirth 29. If stillborn, period of gestation /2 mg During labor....l CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was still ...m. on the date above stated. dilbora V When there was no attending physician i (Signed) or midwife, then the father. householder. etc. should make this return. Give name added from a supplemental report..... Address chil (Date of) Filed (O Registrar.

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PLACE OF DEATH	STATE OF IDA			
	DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT WRITE IN	THIS SPACE
County of Ada			1 9.	4036
City of Boise	CERTIFICATE O	F DEATH	State File No	
	Registration District No	2		10.
	Primary Registration District	No 1004	*******	167
~	(No. St. Lukes	Hoenitel	Local Registrar's No.	
(If death occurred	in a hospital or institution, giv	A its name instead	)	1
2. FULL NAME Infant	Sigler	• its name instead	of street and number)	106
1111013			***********	
(a) Residence. No(Usual place of abode)	1520 W. Jefferson		.st	
Length of residence in city or town	where death occurred. yrs. 1	If nonre: nos. ds. How long i	sident give city or town in U. S., if of foreign birth	and state) ? yrs. mos. ds.
PERSONAL AND STATIST			AL CERTIFICATE OF D	
3. SEX 4. Color or Rac				em/ s
Male White	ed or Divorced write the word) Single	21. DATE OF DEA	ATH (month, day and yes	ar) 0/1/1930
5a. If married, widowed, or div		22. I HEREBY C	ERTIFY, That I attende	d deceased from
HUSBAND of (or) WIFE of	orcea		., 193, to	193
6. DATE OF BIRTH (month, da	v and year)	I last saw ha	live on 193.	: death is said
June, 5th, 19		to have occurred	on the date stated above	, atm.
7. AGE Years Months	Days If LESS than		se of death and related	causes of impor-
Still bon	1 day, hrs.	tance were as	follows:	Date of onset
8. Trade, profession, or partic	or min.	Prematur	e, still born,	
kind of work done, as an	inner.	strangle	d by cord	
9. Industry or business in w	hich	a pound a	eck. Fetal	
work was done, as silk m saw mill, bank, etc	iii,			
2 10. Date deceased last work-	11. Total time (years)		days berore	
ed at this occupation (mo. and yr.)	spent in this occupation	Other contribut	ry causes of importance:	:
	7.2.		• • • • • • • • • • • • • • • • • • • •	
12. BIRTHPLACE (city or tow (State or country)	<sub>n)</sub> Boise Idaho		- 	
(				
E 13. NAME ROBERT I	H. Sigler	Name of aparette	n	Date of
13. NAME Robert I  14. BIRTHPLACE (city or to (State or country)	own).	1		
	MOSC AILBIUTS.		ed diagnosis? Was th	
15. MAIDEN NAME He	len Armstrong.	the following:	due to exter'l causes (vio	
15. MAIDEN NAME H6.  16. BIRTHPLACE (city or t (State or country)	own)	'	or homicide? Date	of injury, 198.
(State or country)	Iows		y occur?pecify city or town, coun	ty, and state)
17. INFORMANT Robert		Specify whether	njury occurred in indust	ry, in home, or in
	Joif erson St Bois	public Place		
18. BURIAL, CREMATION OR		Manner of injury	<b>7</b>	
PlaceMorris. Hi.				
19. UNDERTAKER STUTE	rs Funeral Home	11	or injury in any way rela	ited to occupation
		of deceased? (Signed)	If so, specify	a L 1 1/2 2
20. FILED. 6	a. onerp			, м. б.
ll .	Registrar.	(Accuress)		• • • • • • • • • • • • • • • • • • • •

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuri

EXAMPLE I		EXAMPLE II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis **	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		A	

i	295 202000295	N.
N. B.—In case of more than each, in order of birth stated.	1. PLACE OF BIRTH County of Ada. City of Boise.ldaho. No. 1617 N. 24. St.	DEPARTMENT OF PUBLIC WELF 22882 BURBAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
886 ler o	(If born in hospital or institu-	District No. State File No. 358
in a	2. FULL NAME OF CHILD Stillborn.	
N. B.—) of each, ir	3. Sex   If plural   4. Twin, triplet, or other	Premature
RECORD.	9. Full FATHER name	18. Full MOTHER maiden
題	Willard Atkins.	name Anna Brenner
NT 1 te n	10. Residence (usual place of abode) Unkown. (If non-resident, give place and State)	19. Residence (usual place of abode) Kimbrley (If non-resident, give place and State)
NE	11. Color or raceW.   12. Age at last birthday ] (years	(If non-resident, give place and State). Idaho 20. Color or race
PERMANENT each, and the	13. Birthplace (city or place)	. 22. Birthplace (city or place) daho (State or country)
S A PEI for each	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
HIS I	kind of work done, as spinner, sawyer, bookkeeper, etc  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	24. Industry or business in which work was done, as own home choolgirl.
ا هـ ا	16. Date (month and year) last engaged in this work 17. Total time (years) spen	25. Date (month and year) last engaged in this work 26. Total time (years) spent
INE	III tuis work	. In this work
ING	27. What prophylactic was used to prevent Ophthalmia No. 28. Number of children of this mother (At time of this birt	
A Set	(a) Born alive and now	living(b) Born alive but now dead(c) Stillborn
H UNFADING parate Return	29. If stillborn, months period of gestation	birth Before labor During labor
WITH a Sepa	CERTIFICATE OF ATTENDIN	Turing land,
- 1		who was3_4at .Am. on the date above stated.
PLAINLY d at birth	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	igned) , M. D. Midwife
	Give name added from a supplemental report	dress
WRITE One chi	Registrar.	ed 6-1, 1985 1. Otare
	and the second s	and the second s

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PLACE OF DEATH	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE	DO NOT WRITE	HIS SPACE
	<b>CERTIFICATE O</b>	F DEATH	State File No	
City of Boise Boise	Registration District No	<b>2</b> .	L	
	Primary Registration District	1004	Local Registrar's No	163
	(NoSalvation Arm	ny Rescue Home	<b>3</b> )	12 1-
2. FULL NAME B	in a hospital or institution, givaby Brenner	ve its name instead	of street and number)	2060
(a) Residence. No			.st. Boise	
(Usual place of abode) Length of residence in city or town	where death occurred, yrs.	(If nonre mos. ds. How long	sident give city or town an in U.S., if of foreign birth?	yrs. mos. ds.
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC.	AL CERTIFICATE OF DEA	тн
3. SEX 4. Color or Rac	ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year	6-2-35193
F. W.	word) Single	22. A HEREBY C	ERTIFY, That Lattended	deceased from
5a. If married, widowed, or div HUSBAND of	rorced	6-2	., 193, to	193
(or) WIFE of 6. DATE OF BIRTH (month, da	ay, and year)		193 193	
June 2, 1935		max	on the date stated above, a	atm. uses of impor-
AGE Years Months	Days If LESS than 1 day, hrs.	tance were as		Date of onset
8. Trade, profession, or parti-	or min.		~ /	
kind of work done, as as sawyer, bookkeeper, etc	pinner.	alel	fon	
kind of work done, as system sawyer, hookkeeper, etc  9. Industry or business in work was done, as silk m	hich			
mill, bank, etc				
10. Date deceased last work.	spent in this	Other contribut	ory enuses of importance:	
(mo. and yr.)	Daisa	lance	Ang.	
12. BIRTHPLACE (city or tow (State or country)	Boise	952	nde petro	
# 13. NAME <b>Willer</b>	d Adkins		Fucip del	
5 14. BIRTHPLACE (city or t		Name of operatio	•	Date of
(State or country)		j	ed diagnosis? Was theredue to exter'l causes (viole:	
15. MAIDEN NAME An	na Brenner	l the following:	or homicide? Date of	
16. BIRTHPLACE (city or to (State or country)	own)Idaho	Where did injur	y occur?pecify city or town, county,	
17. INFORMANT Adj. Flip			injury occurred in industry,	
(Address)  18. BURIAL/CREMATION OR-	Boise, Idaho	-	, , , ,	
Place Maries!	Hell Date 6 4., 1935.	Nature of injury		
H 15, CNDERLARER	ratney, Boise	24. Was disease of deceased?	r injury in any way relate	
(Address)	8 Starb	(Signed)	Suton	My, M. D.
20. FILED 193, 193	Registrar.	(Address)	····/gmin	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

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PLACE Of	la	DEPARTME BUREAU	OF VITAL S	IC WELFARE	9	10 THIS SPACE 34034
City of				1	State File No	
		Registration Di				159
		Primary Regist	ration District	No. 1004	Local Registrar's	
(	If don'th comment		Lukes Hos			) . /-
	AE Gorma			e its name instead (	of street and number	25 0
(Usuai	ence. Nol place of abode)			/I# =0===	11	and atota
Length of resider	nce in city or town	where death occ	curred. yrs. 1	nos. ds: How long i	n U. S., if of foreign b	own and state; birth? yrs. mos. ds.
	AL AND STATIST			MEDICA	L CERTIFICATE O	F DEATH
3. SEX	4. Color or Race	5. Single, Mar	ried, Widow-	21 DATE OF DEA	ATH (month day and	d year) 6/8/35 193
M.	₩.	word) S.				tended deceased from
5a. If married, HUSBAND	widowed, or divo	orced				3 193
(or) WIFE	of			, , ,		<u> </u>
o. DATE OF B	June 8, 197				on the date stated a	193: death is said
i. AGE Ye	ears Months	Days	If LESS than	The principal caus	se of death and rela	ated causes of impor-
-			1 day, hrs. or min.	tance were as f	collows:	Date of onset
8. Trade, pr	ofession, or partic	ular	<u> </u>	Respirat	or Failure	
sawyer,	work done, as mpi bookkeeper, etc		• • • • • • • • • • • • • • • •	as	birth.	
9. Industry work wa	or business in wlas done, as silk mi	ich .				
3 saw mill	l, bank, etc ceased last work		· · · · · · · · · · · · · · · · · · ·			
ed at	this occupation yr.)	spent in this	8	Other contribute	ory causes of imports	ance:
12. BIRTHPLA (State)	CE (city or town or country)	) <b></b>	.s.e	Len	Com -	<del>-</del>
E 13. NAME	H. G. Bail	ri e		[		
] 🛒 ,			•	Name of operation	n	Date of
S (Sta	PLACE (city or to te or country)	wn) <b></b>	<b>₩. •</b>	What test confirm	ed diagnosis? Wa	as there an autopsy?
# 15. MAIDE:	N NAME I	lla Ray		23. If death was of the following:	lue to exter'l causes	(violence) fill in also
E	PLACE (city or to				or homicide?	Date of injury, 193.
(Sta	te or country)				y occur?	
17. INFORMAN	$_{ m NT}$ H. G. Bai	kie, Bois	e	1		dustry, in home, or in
(Addres	CREMATION OR	PEMOVAT	· · · - • <del>- · · · · · · · · · · · · · · · · · · </del>	public place		• • • • • • • • • • • • • • • • • • • •
	Morris Hil	1 Date 6/	9./.35., 193	1	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	KER			Nature of injury.  24. Was disease of		related to occupation
(Addres	as)	1	TATE	of deceased?	~	
20. FILED	2.1.1.01935.	r. Ah	up	(Signed)	with a little	17.7. C. J M. D.
<u> </u>		<del> </del>	Registrar.	(Address)		
Bude	ge					

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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	715-120 003 415	
e than	county of Barmoak 14 15 1935 RMC	STATE OF IDAHO
re (	City of Pocatello L. 15 1933 NIST	TERRAU OF VITAL STATISTICS 232345
f more birth st	NoSt.	CERTIFICATE OF BIRTH
o o	St. Anthony's Mercy Hosp.  (If born in hospital or institu-	District No. 28 State File No.
case rder	tion give name.) Prim. Regist	ration District No. 2161 Local Registrar's No. 26
In case	2. FULL NAME OF CHILD Dovle Ga	neke
N. B	3. Sex Male (f plural births) 4. Twin, triplet, or other	4 months. 7. Legiti- 8. Date of birth June 20 193.5
G. S	9. Full FATHER	18. Full MOTHER
RECORD.	name John Ganske	maiden name Della Hannah Davis
T RE	10. Residence (usual place of abode) R F D #1 (If non-resident, give place and State)	19. Residence (usual place of abode) R F D #1 (If non-resident, give place and State)-pocatel-10
P T	11. Color or raceW   12. Age at last birthday35 (years	20. Color or race
A a	13. Birthplace (city or place) Germany (State or country)	22. Birthplace (city or place). Ashton, Idaho
S A PERMANENT for each, and the	14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
THIS IS e made for	sawyer, bookkeeper, etc	typist, nurse, clerk, etc. Housewife.  24. Industry or business in which work was done, as own home, home lawyer's office, silk mill, etc. Home
48	sawmill, bank, etc	25. Date (month and year) last engaged in this work present 19 in this work 5 yrs
INK	present , 19 in this work 7 Vrs.  27. What prophylactic was used to prevent Ophthalmia 1	
DING		rth and including this child) ow living (b) Born alive but now dead (c) Stillborn 1
WITH UNFADING a Separate Return	29. If stillborn, 5 mo. months or weeks 30. Cause of st	illbirth Long ride.
된중	CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE
	I hereby certify that I attended the birth of this child	who was still hornest at a ne on the date above stated.
PLAINLY	When there was no attending physician or midwife, then the father, householder,	(Signed) Milliamst, NOWORD, M. D.
PLA	Mari	Pagatalla Midwife
	a supplemental report	Address Pocatello, Idaho
WRITE One chi	Registrar.	Filed 0/28/ 193 Refistrar.

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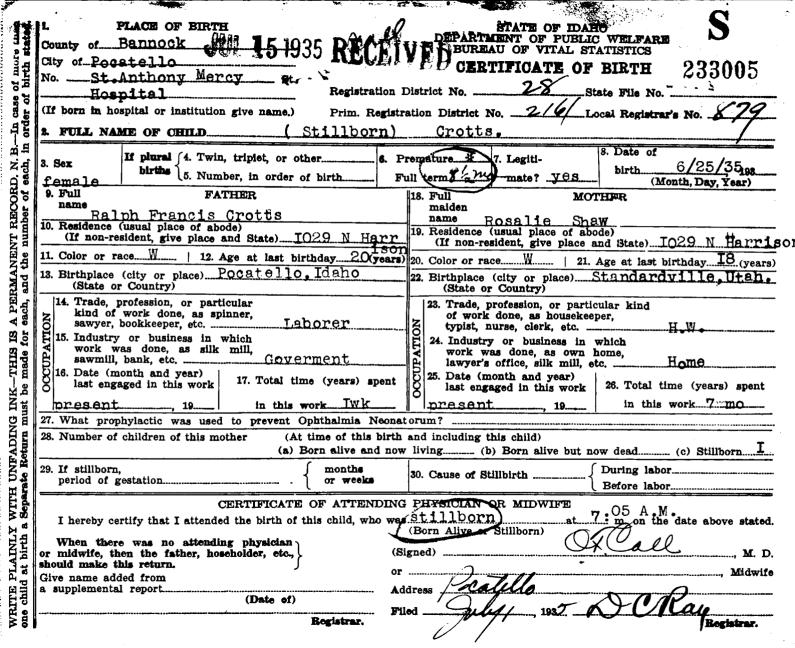
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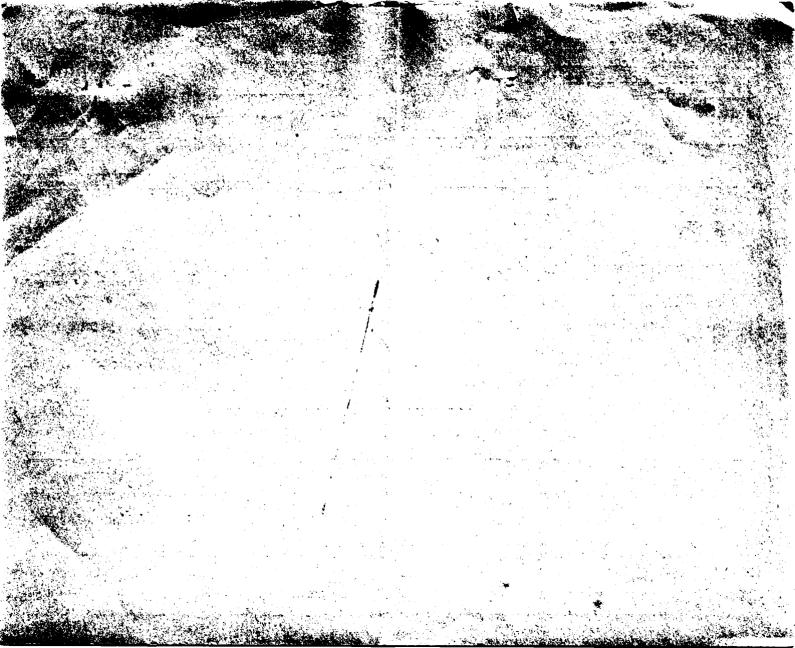
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PLACE OF DEATH	DEPARTMENT OF PUBL BURBAU OF VITAL S CERTIFICATE O	IC WELFARE STATISTICS	DO NOT WRITE IN THIS SPACE 94068
City of Pocatello	Registration District No	28	State File No
	Primary Registration District (No. St Anthony in a hospital or institution, given	Hospital	Local Registrar's No
(a) Residence. No(Usual place of abode)	nfant Crotts 1029 North Har	(If nonre	st. Pocatello, Idaho sident give city or town and state) in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
3. SEX 4. Color or Ra Female White	ce 5. Single, Married, Widow- ed or Divorced (write the word) Single		ATH (month, day and year June 25, 1935)
5a. If married, widowed, or dl HUSBAND of (or) WIFE of None	9	425	., 1935 to6/25/35 193
6. DATE OF BIRTH (month, d June 25 7. AGE Years   Months	5th, 1935	to have occurred	live on
Stillborn	1 day, hrs. or min.	tance were as 1	
8. Trade, profession, or part kind of work done, as a sawyer, hookkeeper, etc.  9. Industry or business in work was done, as alk n saw mill, bank, etc  10. Date deceased last work ed at this occupation	which	Macs	d-repleases
10. Date deceased last work ed at this occupation (mo. and yr.)	11. Total time (years)	Other contribute	ory causes of importance:
12. BIRTHPLACE (city or tow (State or country)	vn)Pocatello		
E 13. NAME Ralph I	F. Crotts		
14. BIRTHPLACE (city or (State or country)	town) Pocatello Idaho		ed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME	Roselie Shaw Utah		due to exter'l causes (violence) fill in also or homicide?, Date of injury, 193.
16. BIRTHPLACE (city or (State or country)		Where did injury	y occur?pecify city or town, county, and state)
17. INFORMANT R. F. CI	rotts 029 South Harrison	Specify whether i	njury occurred in industry, in home, or in
18. BURIAL, CREMATION OR		Manner of injury	······
Place MtV. ew.	Date. Jung. 213.5	Nature of injury.	· · · · · · · · · · · · · · · · · · ·
19. UNDERTAKERH I		of deceased?	r injury in any way related to occupation If so, specify.
20. FILED. 67.25., 193.		(Signed) (Address)	, м. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

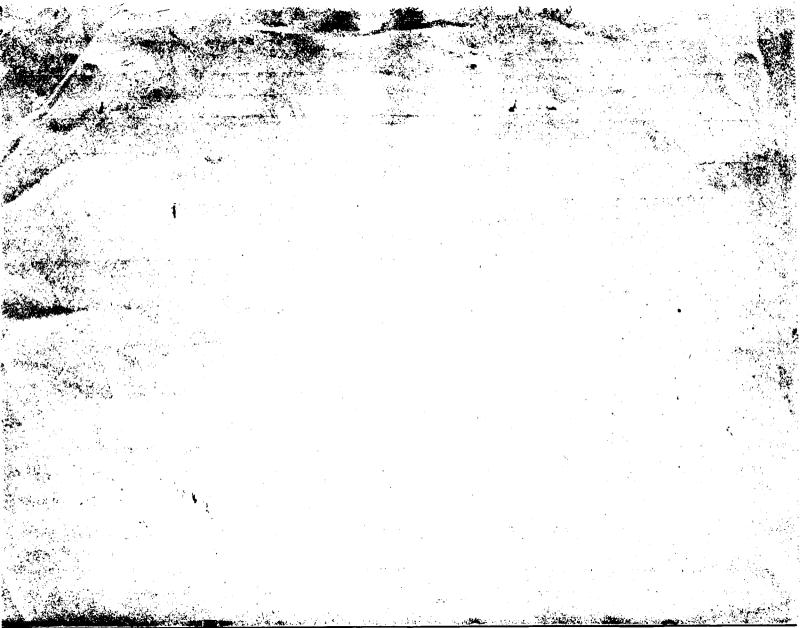
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or Injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	1915 Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

STATE OF IDAHO TMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS city of 191 CERTIFICATE OF BIRTH 233091 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/94 Local Registrar's No. 2 2. FULL NAME OF CHILD -- = Ŗ.Ħ 8. Date of 7. Legiti-3. Sex birth June 1/2 1985 5. Number, in order of birth. Full term 180 mate? (Month. Day. Year) ö 9. Full 18. Full FATHER MOTHER name number maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) [3] (If non-resident, give place and state).... (If non-resident, give place and State). 11. Color or race While 12. Age at last birthday 97. (years) 20. Color or race 1 halo | 21. Age at last birthday 23 13. Birthplace (city or place) and 22. Birthplace (city or place) (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Laborer sawyer, bookkeeper, etc. of work done, as housekeeper // typist, nurse, clerk, etc. for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work must in this work... in this work La Moces ...... 19\_\_\_\_ 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. months During labor\_\_\_\_\_ 30. Cause of Stillbirth ..... period of gestation.... or weeks Separat Before labor..... CERTIFICATE OF ATTENDING THYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who were still from m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) should make this return. Give name added from Address Blackton WRITE one child a supplemental report (Date of) Filed ..... Registrar.



occu-DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH State File No..... City statement Registration District No..... PHYSICIANS Primary Registration District No. 2/94 Local Registrar's No... RECORD. (If death occurred in a hospital or institution, give/Its name instead of street and number.) 2. FIILL NAME Residence, No. (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. \* yrs. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) I HEREBY CERTIFY. That I attended deceased from ......... 5a. If maried, widowed, or divorced HUSBAND of droft 198 5: death is said (or) WIFE of to have occurred on the date stated above, at J. H. S. H. m. 6, DATE OF BIRTH (month, day, and year) The principal cause of death and related causes of importance were as follows: 7. AGE Months If LESS than Date of onset Years Days 1 day.....hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation.. 12. BIRTHPLACE (city or town) (State or country) 13. NAME (M Name of operation .... Date of plain important. 14. BIRTHPLACE (city or town) ..... (State or country) 23. If death was due to exter icauses (violence) fill in also the following: MOTHER 15. MAIDEN NAME DEATH Where did injury occur? 16. BIRTHPLACE (efty or town) (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public (Address) OF Manner of injury..... 18. BURIAL, CBEMA TION, OR REMOVAL 193 0 Nature of injury Place. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I	1	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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1935 RECEIV STATE OF IDAHO RTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of ..... CERTIFICATE OF BIRTH Registration District No. State File No. .... (If born in hospital or institu-Prim. Registration District No. 22 22 Local Registraria No. tion give name.) 2. FULL NAME OF CHILD 7. Legiti-If plural 8. Date o births mate? 5. Number, in order of birth..... Full term 48 (Minth, Day, Your 9. Full FATHER 18. Full MOTHER maiden ( mary ( t name 19. Residence (usual place of abode) 10. Residence (usual place of abode) the (If non-resident, give place and State) Delleves (If non-resident, give place and State) 11. Color or race 44 | 12. Age at last birthday 24 (years) 13. Birthplace (city or place) Pener Saut (State or country) (State or country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind. of work done, as housekeeper, kind of work done, as spinner, Sawyer, bookkeeper, etc typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc..... Date (month and year) last engaged in this work
 Total time (years) spent pe 16. Date (month and year) last engaged in this work 17. Total time (years) spent must , 19 in this work 19 in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother / (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead......(c) Stillborn.... Before labor..... months Separate 29. If stillborn. or weeks 30. Cause of stillbirth period of gestation. 189.9 During labor... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wa m on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from Registrar.

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STATE OF IDAHO PHYSICIAN of OCCUPA EPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of... Registration District No..... City of ..... Local Registrar's No. Primary Registration District No. 22 FULL NAME. uld be stated classified. Ex (a) Residence No..... (Usual plage of abode) (If nonresident give city or fown and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? yrs. mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 16. DATE OF DEATH 8. SEX COLOR OR RACE plnous If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) AGE Years If LESS than 1 day. Months Days and that death occurred, on the date stated shove, at ..hrs. or AUSE OF DEATH! was as follows 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (duration) CONTRIBUTORY (c) Name of employer (Secondary) (duration) 9. BIRTHPLACE (city or town 18. Where was disease contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death?... Date of... nformatio DEATH See ins Was there an antopsy? ... 11. BIRTHPLACE OF FATHER What test confirmed diagnosis? (State-or; Country) (Signed) OF 12. MAIDEN NAME OF MOTHER y item o 18. BIRTHPLACE OF MOTHER \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICEDAL, or HOMICIDAL. (State or Country) Rlace of Burial, Cremation, or Removal Date of Burial Informan (Address) Undertaker Address [10

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inantion," "Marasmus," "Old age," "Sheal," "Ill. "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

383-108 009 - 8075 UL LU 1935 RECEIVED STATE OF IDAHO STATISTICS 23 -In case of more than in order of birth stated BURBAU OF VITAL STATISTICS 2 35121 City of Janaa CERTIFICATE OF BIRTH arnell Registration District No. 28 ......State File No. ..... (If born in hospital or institution give name.) Prim. Registration District No. 2/55 Local Registrar's No. 240 2. FULL NAME OF CHILD ... N. B.-7. Legiti-If plural 8. Date of 3. Sex birthe birth mate? 400 RECORD. 5. Number, in order of birth.... Full term? IMonth, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden James I'velen name 10. Residence (usual place of abode) 19. Residence (usual place of ahode) PERMANENT each, and the (If non-resident, give place and State) He ble (If non-resident, give place and State) 11. Color or race. W. 12. Age at last birth av 25 (years) 20. Color or race. ..... 21. Age at last birthdaye 20 (years) 13. Birthplace (city or place) Atlanta Oklahom 22. Birthplace (city or place) left (It. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, Thouseus kind of work done, as spinner, CUPATION INK—THIS IS A must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_\_\_\_\_. 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent not working 1932 in this work 5 years law Warking 1975 in this work..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Silver nits 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q...(b) Born alive but now dead D..(c) Stillborn, (leste summer Palice WITH UNB Before labor..... months 29. If stillborn, or weeks 30. Cause of stillbirth period of gestation. During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFT I hereby certify that I attended the birth of this child, who was still m, on the date above stated. (No. of Hillborn) When there was no attending physician i or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... 哥 Address (Date of) Registrar.

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> THE PUBLIC COMES TIN. MINISTER

JUL EU BUU MEL	and the same of th				
PLACE OF DEATH County of Bonner	STATE OF ID. DEPARTMENT OF PUBL BUREAU OF VITAL	LIC WELFARE STATISTICS	THIS SPACE		
City of Sandpoint	CERTIFICATE ©	PF DEATH	State File No		
	Registration District No	*			
	Primary Registration Distric	t No2155	Local Registrar's No	,	
(If death occurred	(No. Parbell H	ospital	)	y o'o	
2. FULL NAME Still	born Tyler	ve its name instead (	of street and number)	<i>Y</i> *	
(a) Residence. No	Hole Id	sho.	a Kural		
(Usual place of abode) Length of residence in city or tow	7	(If nonres mos. ds. How long i	sident give city or town and U.S., if of foreign blirth?	and state) yrs, mos. ds.	
The same of the sa	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
	ce 5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	TH (month, day and year	r Par 8 1935	
Male White	word) Single	22 I HEREBY CERTIFY, That I attended deceased from			
HUSBAND of  (or) WIFE of	5a. If married, widowed, or divorced HUSBAND of		June 8 1985 to		
6. DATE OF BIRTH (month, day, and year)		/I last saw halive on, 193; death is said			
June 9, 1935 7. AGE Years   Months   Days   If LESS than		to have occurred on the date stated above, atm.  The principal cause of death and related causes of impor-			
	1 day, hrs.	tance were as f	ollows:	Date of onset	
8. Trade, profession, or part	or min.	tullo	e.		
kind of work done, as spinner, None wawyer, bookkeeper, etc.					
kind of work done, as sawyer, bookkeeper, etc.  9. Industry or business in work was done, as silk n snw mill. bank, etc	111,				
10. Date deceased last work od at this occupation (mo. and yr.)	11. Total time (years) spent in this	Other contribute	ory enuses of importance:		
12. BIRTHPLACE (city or tow	n) Sandpoint	Parlake	4 Cord		
(State or country)	Idano				
	James Tyler	Name of operation	1	Date of	
14. BIRTHPLACE (city or (State or country)	Oklahoma Ottawa	What test confirm	ed diagnosis? Was the	ere an autopsy	
<b>25</b>	oldie Hunter		lue to exter'l causes (viol or homicide? Date		
16. BIRTHPLACE (city or (State or country)	webb City Missouri	Whoma did injury	or nomicide?  occur?  pecify city or town, count		
(Address) HOT	vin James Tyler	Specify whether i	njury occurred in industr	y, in home, or in	
18. BURIAL, CREMATION OR	REMOVAIPinecrest		·		
	Jane Date June 16.	Nature of injury.	r injury in any way rela	ted to occupation	
19. UNDERTAKEB L.G/. (Address) Sandpolr	Moon	of deceased? M4	If so, specify		
20. FILED. 6.,\$, 1934.		(Signed)	Bollendle	, M. D	
752	M.O./ Registrar.	(Address)	Janage	· · · · · · · · · · · · · · · · · · ·	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and Dwn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

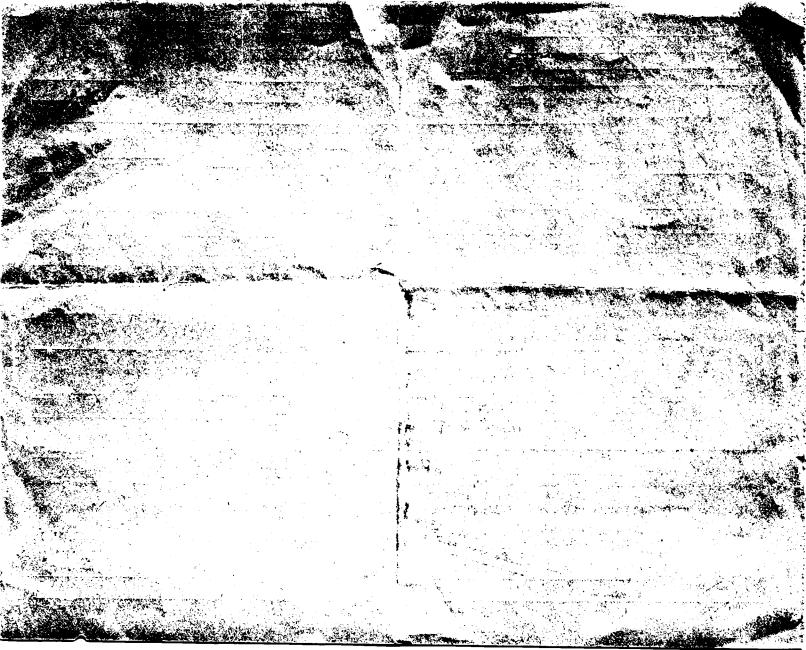
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN .	
***************************************			

STATE OF IDAHO ARTMENT OF PUBLIC WELFARE County of UREAU OF VITAL STATISTICS City of 233157 CERTIFICATE OF BIRTH Registration District No. ...... State File No. .. 8 2 Brim. Registration District No. 2/4-0 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... Fremature yes 8. Date of 7. Legiti-If plural (4. Twin, triplet, or other.... birth births 5. Number, in order of birth.... mate? (Month, Day, Year) PERMANENT RECORD. Full 18. Full name maiden name 10. Residence (usual place of abode Residence (usual place of abode) (If non-resident, give place and State).... (If non-resident, give place and State)... 11. Color or race 10 12. Age at last birthday (years) 20. Color or race 21. Age at last birthday 13. Birthplace (city or place)
(State or Country) Birthplace (city or place). (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, UPATION sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. ..... ន្ទាំ 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawver's office, silk mill, etc. ..... 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent 8 last engaged in this work MG INK-must be in this work..... in this work... UNFADING to Return m That prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn. During labor .... 29. If stillborn. or weeks William Cause of Stillion Separate period of gestation..... Before labor...... WITH CERTIFICATE OF ATTENDING PHYSICIAN OB MIDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was..... ø (Born Alive Stallborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address (Date of) Filed Augus 13 Registrar.



DO NOT WRITE IN THIS SPACE

State File No..... ocal Registrar's No give its name stead of street and number) (If nonresident give city or town and state) MEDICAL CERTIFICATE OF DEATH 193 21. DATE OF DEATH (md ttended deceased from to have occurred on the date stated above, at ......m. The principal cause of death and related causes of importance were as follows: Date of onset causes of importance: .. Date of ...... What test confirmed diagnosis? .... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also Accident, suicide, or homicide?..... Date of injury.., 193. Where did injury occur?..... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. .....

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In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

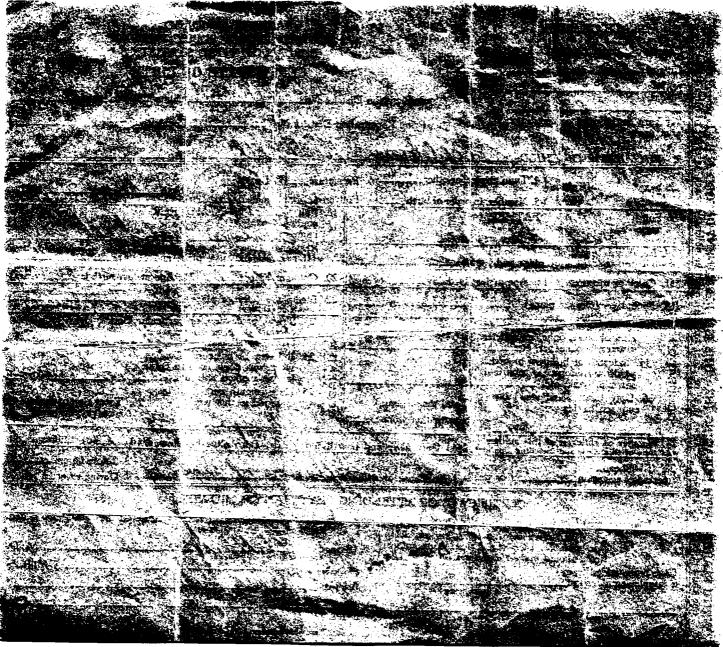
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
<u></u>			

MON OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE ausou . PLIREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH \_\_State File No.\_\_ Registration District No..... Local Registrar's No. 221 3 (If born in hospital or institution Prim. Registration District No. give name.) Z Z ellborn 2. FULL NAME OF CHILD-8. Date of RECORD. 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature\_\_\_\_ If plurai ( 3. Sex birth... births (5. Number, in order of birth\_\_\_\_ Full terdes (MONTH, DAY, YEAR) 40 18/Full OTHER **FATHER** 9. Full number maide PERMANENT ch, and the numb name Ruowa 19. Residence (usus place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State Annual Lan-(If non-resident, give place and State) \_\_\_\_\_ 21. Age at last birthday (years) 20. Colo 11. Color or race\_\_\_\_\_ 12. Age at last birthday\_\_\_\_\_ (years) 22. Birthplace (city or place) 13. Birthplace (city or place) \_\_\_\_\_ (State or country) (State or country) Z Š 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeps tusty ស្ត kind of work done, as spinner, **OCCUPATION** OCCUPATION sawver, bookkeeper, etc. \_\_\_\_\_ THIS made 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. ع sawmill, bank, etc. 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last WITH UNFADING INK a Separate Return must engaged in this work 26. Total time (years) Z engaged in this work spent in this work spent in this work... 11 CM 5 .... 1925 (At time of this birth and including this child) (a) Born alive and now living Q(b) Born alive but now dead \_\_\_\_(c) Stillborn. Before labor \_\_ months 28. If stillborn. period of gestation end. or weeks 29. Cause of still and During labor\_\_\_\_ CERTIFICATE OF ATTENDING PLANCIAN OR MIDWIFE at The m, on the date above stated. I hereby certify that I attended the birth of this child, who wake When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_\_ (DATE OF) Registrar. Registrar.



2 TOPIUP MAINS	one (
PLACE OF DEATH DEPARTMENT OF PUBL	IC WELFARE   DO NOT WRITE IN THIS SPACE
County of Carrier BUREAU OF VITAL	
City of Parisha CERTIFICATE O	F DEATH State File No
Registration District No	10
Primary Registration District	t No Local, Registrar's No
IT. Ohm at	n rive its name instead of street and number)
2. FULL NAME	uni y
(a) Residence. No	(If nonresident sixt city or town and state) mos. ds. How long in U. S., if of foreign the large mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 5/5 1935
Male White word) —— 5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 5/5/34	I last saw h
7. AGE Years Months Days If LESS than	The principal cause of death and related causes of impor-
Nove or min.	tance were as follows:  Date of onset
8. Trade, profession, or particular	Strelborn
kind of work done, as spinner, sawyer, bookkeeper, etc.	
9. Industry or business in which work was done as silk mill.	
saw mill, bank, etc  10. Date deceased last work  11. Total time (years)  et at this occupation spent in this	
ed at this occupation spent in this occupation	Other contributory cause of importance:
12. BIRTHPLACE (city or town)	enguery - gertain
(State or country) and Garage	Il the mother
13. NAME Juliforn Continger	Name of operation Date of
13. NAME Stille record (Fragilla)  14. BIRTHPLACE (city of the form Marchell.  (State or country) Janua da.	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to exter'l causes (violence) fill in also the following:
15. MAIDEN NAME Eustyn, Watchell 16. BIRTHPLACE (city or Whenta Camada,	Accident, suicide, or homicide? Date of injury, 198.  Where did injury occur?
M-11 ()	(Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or in
17. INFORMANT (Address) Wilchell Carma	public place
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place	Nature of injury
19. UNDERTAKER	of deceased?. My H 60, sectify for 1000
20. FILED 4-70 195 Cleentures Registrar.	(Signed) A. J. J. J. J. J. M. D. (Address) . Janua Jaks

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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		
		1	· in	

of birth stated.	Cit	PLACE OF BIRTH JUL 10 1955 RECE unty of Garden st	CERTIFICATE OF BIRTH 233306
in order of	tio	born in hospital or institu- n give name.)  FULL NAME OF CHILD.  Registration D  Prim. Registra  FULL NAME OF CHILD.	tion District No. 212 G. Local Registrar's No. 134
ber of each,		Sex 24   If plural births   4. Twin, triplet, or other	Premature
the num	11.	Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)  20. Color or race
for each, and	-	Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	22. Birthplace (city or place)
be made	OCCUPATION	kind of work done, as spinner, sawyer, bookkeeper, etc  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc
Return musi	27. 28.	What prophylactic was used to prevent Ophthalmia Ne.  Number of children of this mother (At time of this birth	onatorum? Zasilus ruf
Separate R	29.	If stillborn, period of gestation months or weeks 30. Cause of still	
birth a Sep	ſ	CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, When there was no attending physician or midwife, then the father, householder,  (Si	0 441
child at b		etc., should make this return.  or name added from	iress
one O		Registrar.	June 25 , 1985 Jama D. Spracher Bogistrar.

A Contract of the state of the s Pulling and distributed in addition of existences. treatment there they be the many to Tobour to establish the company of AND THE PARTY OF T The same of the sa is a constant that in the Andrew Wilder Comments (Andrews Comments Comment CONTRACTORS, 10 SEPT The Age of Control of the Control of trains are the season of the season of traint earter that the The state of the s the limited by the distance of the party Country of the statement of the country of Principles of the state of the fange research state of the land of the country of The state of the state and the state of the Maullin to money by a series rades vin side of both The second the sto produce and device and state of the to be a state of the state of t Capacity and companies and and companies and No distant WE TO STATE OF THE at Telephonical Con-CONTRACTOR

27/122016-6 L PLACE OF BIRTH STATE OF IDAMO DEPARTMENT OF PUBLIC WELFARE County of Charles BUREAU OF VITAL STATISTICS City of AS CERTIFICATE OF BIRTH Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2/26 Local Resistrar's No. 15 8 tion give name.) 2. FULL NAME OF CHILD 뿌형 7. Legitiif plural 4. Twin, triplet, or other... 6. Premature... 8. Date of 3. Sex births birth. male 5. Number, in order of birth..... Full term.4... metel. 1 RECORD. 9. Full FATHER 18. Full MOTHER number DAMM malflenname 10. Residence (usual place of shods) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race 141/12. Age at last birthday ( vegra) 20. Color or race and | 21. Age at last birthdag. 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as epinner, of work done, as housekeeper. CUPATION sawyer, bookkeeper, etc ...... typist, nurse clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as all mith. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year)
lest engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent 2 must in this work 19-I D in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10.5 2000 Survey WITH UNFADING Separate Betairs 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living... (b) Born alive but now dead. (c) Stillborn... 1. months Before labor..... 29. If stillborn, or weeks 80. Cause of stillbirth. period of gestation..... During labor. 40 CERTIFICATE OF ATTENDING PHYSICAN OR MIDWIFE I hereby certify that I attended the birth of this child, who wa ora Aller or Stille When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... chil Address Filed.. Registrar.



THE RESERVE AND ASSESSMENT OF And the second s

STATE OF IDAHO DO NOT WRITE IN THIS SPACE TMENT OF PUBLIC WELFARE DREAU OF VITAL STATISTICS County of Casua CERTIFICATE OF DEATH State File No..... Registration District No ...... Primary Registration District No ..... Local Registrar's No ... RECORD (No. ..... (If death occurred in a hospital or institution, give its name instead of street and number) FULL NAME/ (a) Residence. No... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month. day and year) ed or Divorced (write the word) 22. I HEREBY CERTIFY, That I attended deceased from ba. If married, widowed, or divorced. HUSBAND of ..... 193.... to ...... 193.... 193.... (or) WIFE of I last saw h....alive on ............................ 193....: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Days If LESS than tance were as follows: Date of onset 1 day.... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.)\_ occupation 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of........ 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?.. (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. Ģ 16. BIRTHPLACE (city or town) Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT AUSI (Address) public place. ..... 18. BURIAL, CREMATION OF REMOVAL Manner of injury..... Date. Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased? ... (Address) 20. FILED Registrar. (Address)

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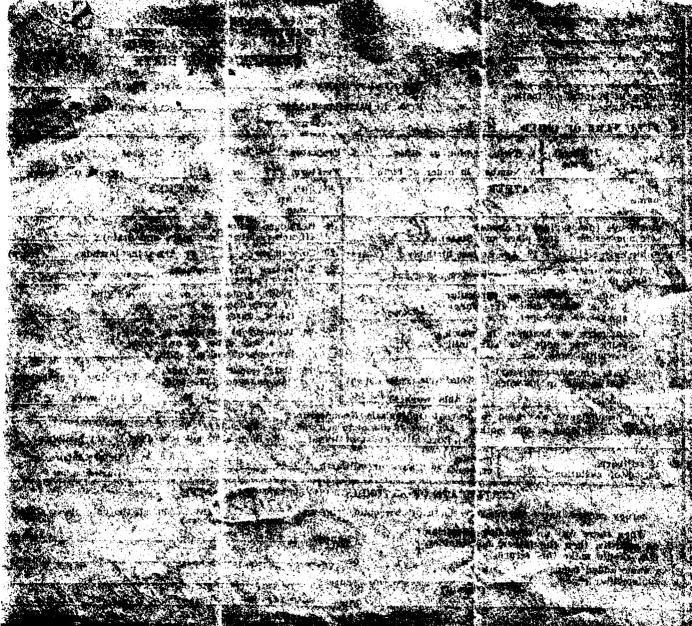
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	· · · · · · · · · · · · · · · · · · ·

tated	1. Co	PLACE OF BIRTH SECTION OF BIRTH SECTION OF BIRTH SECTION OF BIRTH SECTION OF	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS
order of birth	No.	Registration I	CERTIFICATE OF BIRTH 233374  District No. State File No.
in order	tio	FULL NAME OF CHILD Transla All	Moore Bom 1 and
of each,	3.	Sex   If plural   4. Twin, triplet, or other	Full term (Month, Day, Year)
number	9.	name olumbus Moore	18. Full MOTHER maiden Freda Leona Blevino
the ni	<b> </b>	Residence (usual place of abode) (If non-resident) give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
and		Color or racellity   12. Age at last birthday (years)  Birthplace (city or place)	20. Color or race Litt   21. Age at last birthday
de for each,		(State or country)  14. Trade, profession, or particular kind of work done, as spinner. Mohane sawyer, bookkeeper, etc	(State or country)  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home.
must be mad	OCCUPATION	16. Date (month and year) last engaged in this work in this work in this work work in this work 30000	lawyer's office, silk mill, etc.
Return 1	27. 28.	What prophylactic was used to prevent Ophthalmia Ne Number of children of this mother (At time of this birth (a) Born alive and now	onatorum?
rate R	29.	If stillborn, period of gestation 9 MU months or weeks 30. Cause of still	birth Cast in Cord - Before labor 410 During labor
a Sepa		CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child,	who was the company of the date above stated.
t birth	{	When there was no attending physician or midwife, then the father, householder, etc., should make this return.	igned) Itorobor , M. D. Midwie
child a		ve name added from supplemental report	dress Ontino Darko ed 6-96 1985 Hadkan
One		Registrar.	Registrar.

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4	الدد	5 1935 RECEIVED STATE OF IN	Ано
į	should staff OCCUPA	PLACE OF DEATH VIEW RIMENT OF PUB	WELFARE DO NOT WRITE IN THIS SPACE
,	1 E 5	County of allamate BUREAU OF VITAL S	
ļ	i o o	City of Orders - CERTIFICATE O	
Ì		Registration District No	1 N 1 (57 Lool Books No. 45
_	Zg	Buns Hoch Primary Registration Distri	ct No. 2 / / Local Registrar's No. 72
Š	SICIA	(No	give its name justead of street and number.)
T C C C C C C C C C C C C C C C C C C C		2. FULL NAME Frances Lee m	ove still born)
Ì	ot A	(a) Residence. No. als alla	St
F	Zxa Z	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
2		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	ACTI	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month day, and year) L-/9 1935
ž ?	Y I	Jenney White Bohy	22. I HEREBY CERTIFY, That I attended deceased from
	S S	51. If maried, widowed, or divorced HUSBAND of	193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193 , 193
BINDIN	T P A	(or) WIFE of	I last saw h lalive on, 193: death is said
四 7 配 0	esta de la contra del la contra de la contra de la contra del la contra del la contra de la contra del la co	6. DATE OF BIRTH (month, day, and year) \ \ \ - /9 /996	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance
		7. AGE Years Months Days If LESS than 1 day,hrs.	were as follows:  Date of onset
	be be	July Bond - or min.	Co-d-
AVE	shor may k of	8. Trade, profession, or particular kind of work done, as spinner, osawyer, bookeeper, etc	
RESER	AGE titi	kind of work done, as spinner,  sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and spent in this	
,	d. A that on on	this occupation (month and	Other contributory causes of importance:
RGIN	n Falli supplied. rms, so tl struction	12. BIRTHPLACE (city or town) August Laplat	
AB		(State or country)	L L
<b>A</b>	S E E E	13. NAME Country Morre	Name of operation
i	refull plain See	13. NAME (Stumbus Morre 14. BIRTHPLACE (city or town) 21000111111111111111111111111111111111	What test confirmed diagnosis?
		(5445 57 5544)	Accident, suicide, or homicide? Date of injury, 193.
	X a H f	15. MAIDEN NAME Frede Leona Blins	Where did injury occur?
	AINLY, Vould be con EATH in important	16. BIRTHPLACE (city or town) Chronica (State or country) Chronica	(Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public
	LAINLY should b DEATH	17. INFORMENT M. T.	place.
	K Plion (OF)	(Address) // (Address)	Manner of injury
	ITE Intio IS O	18. BURIAL, CREMATION, OR REMOVAL Place Charles Date	Nature of injury
		19. UNDERTAKER LA Chaus	24. Was disease or injury in any way related to occupation of deceased?
	-WRI	(Address) Orafico	W If so, specify
	H O L	20. FILED 6-19, 1935 In the of have	(Signed) (Address) Q Dane Odaho
	ż	Registrar.	(Address)

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STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

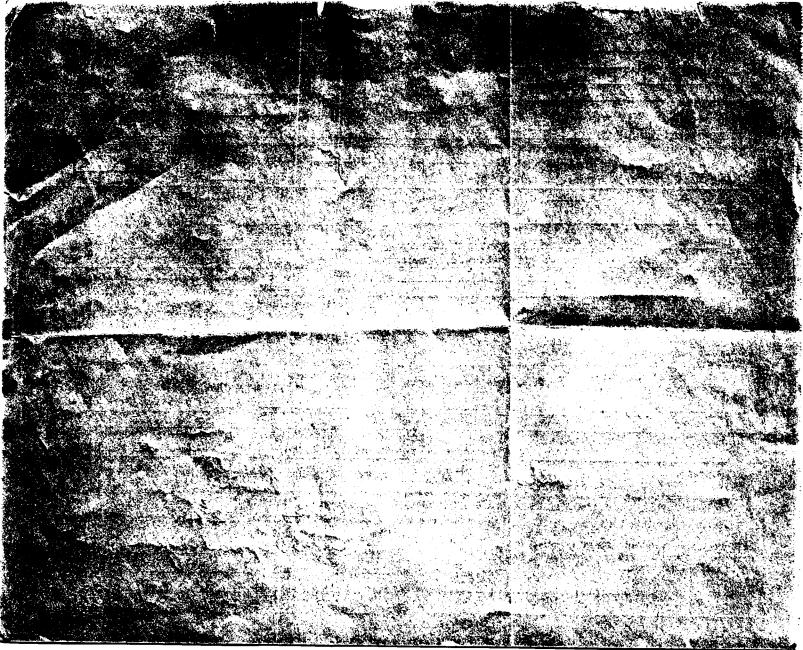
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
			***************************************	



STATE OF IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATE Clearwater County of .... Orofino State File No..... Registration District No..... Primary Registration District No..... Local Registrar's No ..... (If death occurred in a hospital or institution, give its name instead of street and number) A .R. Earickson Baby not Named 2. FULL NAME..... Orofino Idaho (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 6 ed or Divorced (write the word) Single 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on ..... to have occurred on the date stated above, at 2.30. A.m. 48y 24 1935 The principal cause of death and related causes of impor-7. AGE Years Months If LESS than Davs Date of onset 1 day.... hrs. or .... min, 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as stik mill, Baby saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town)... (State or country) Idaho FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also Madlin Nines 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury..., 198. 16. BIRTHPLACE (city or town) W Where did injury occur?..... (State or country) (Specify city or town, county, and state) Earickson 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ...... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury imany way related to occupation 19. UNDERTAKER (Address) (Address) Registrar.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			

PLACE OF BIRTH In case of more then n order of birth stated STATE OF IDAHO JUL 10 1935 RECEI DI PARTMENT OF PUBLIC WELFARE WEBAU OF VITAL STATISTICS I', CERTIFICATE OF BIRTH 24 State File No. Registration District No. (If born in hospital or institution give name.) Prim. Registration District No. .....Local Registrar's No. 2. FULL NAME OF CRILD .... N. B. 7. Legitiff plural 4. Twin, triplet, or other.......... 6. Premature... 8. Date /6 3. Sex births birth. 5. Number, in order of birth.... RECORD. Full term. mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden 🗲 name ( 19. Residence (deual place of abode)
(If non-resident, give place and State) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) 11. Color or race 11... | 12. Age at last birthday 2. (fears 20. Color or race....[4] | 21. Age at last birthday. 13. Birthplace (city or place) Fundament 22. Birthplace (city or place) La lane (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner. CUPATION INK—THIS IS A must be made for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc.... lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work
26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ....., 19..... in this work ...... 19...... 19...... in\_this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10 % Puco J WITH UNFADING Reparts 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth.... period of gestation 9.7114 During labor. 200 .... CERTIFICATE OF ATTENDING PHYSICAP-OR MANUFE I hereby certify that I attended the birth of this child, who was M. 2m. on the date above stated. ATA ATA When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Ħ Child a Give name added from a supplemental report..... Registrar.

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	PLACE	OF DEA	ТӉ		ENT OF PUI	DAHO BLIC WELFARE	DO NOT WRITE	IN THIS SPACE
	ounty of ity of		g Su		U OF VITAL	OF DEATH	State File No	94238
			` <b>'</b>	Registration	District No		_	_
		•	נ	Primary Re	stration Distr	9 No	, Local Registrar's	No. 321
				(No	wdilly	6 Haspil	<u>el</u>	)
,	. FULL N		occurred i	_	or institution,	ive its name distead	of street and number	) n 5 "
2.				timi	Δ	y and	Epop444	
,	(U	sual pla <b>c</b> e o	f abode)			(If nonre	Stsident give city or t	own and state)
-		10/2		<del></del>		mos. ds. How long		
-	B. SEX			ICAL PARTI	CULARS arried, Widow		AL CERTIFICATE O	
	700	1. 00.0	or made	ed or Divo	reed (write th	e 21. DATE OF DE	ATH (month, day an	d year) 6-21193
-	óa. If marr	ed, widowe	d. or divo	MI	llvoru	_	· -	tended deceased from
	HUSBAN (or) WI	D of	.,			<u>u</u>		, 193
-	6. DATE O	F BIRTH (1	month day	and year)	. <u> </u>	11	live on	193: death is said
1	. AGE	Years	Months	Days	If LESS tha	The principal cau	se of death and rela	ated causes of impor
		9	0	0	or . mi	1/4	follows:	Date of onse
-  -	8. Trade	profession,	or particu	ılar	or . Uni	Sellber	U	
	Nawy	of work do er, bookkeep	pe <b>r, etc</b> ,	<b>. (</b> .	2			
	work	try or busir was done, i	as silk mil	ı.	`	Full	Urui	
	🌣   10. Date	mill, bank, deceased la	ast work-	11. Total tin	ne (years)	•		
1	≰  ed a	it this or and yr.)	ccupation	spent in to	his	Other contribu	fory fauses of import	nce:
-	12. BIRTH	PLACE (cit	v or town	(1)	rues O	2 Section	, giranian	Proses -
1		te or count		Ψ,	J W		read-	and y
	13. NAM	E Joh	ul D	you		Name of operation		Date of
	14. BIR	PHILACE ( State or cou	city or to	wn)	D. S	4 11	"	as there an autopsy?.
İ	<b>*</b> :		-51	0.0	wa.	23. If death was		(violence) fill in als
	2	DEN NAME	7	B	alma.	the following: Accident, suicide,	or homicide?	Date of injury, 193
	6   16. BIR?	THPLACE (State or cou	intry or (10	wn,) <i>V. /</i>	Id	Where did injur	y occur?pecify city or town,	county, and state)
	17. INFORM			you	~n. I.	. Specify whether	injury occurred in in	dustry, in home, or i
-		iress)	TON OH F	MEMOVAI	who -		у	
	Place	- Y.	dell	Charate.	6-2.3. 198	Nature of injury	·	
-	19. UNDER		70	<b> </b>			or injury in any way	related to occupation
-	(Ad	dress)	4000	SHA		of deceased?(.).	De Comme	M. 1
	20. FILED.	.w./	, 193. <b>7</b>	J.J. o. ler	Registrar.	(Address	Jule	ú.

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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

	132/108029 1795
13	1. PLACE OF BIRTH RECEIVED JUN 1. I STATE OF IDAHO COUNTY OF PUBLIC WELFARE
9 2	City of Parl STATISTICS
일선	No
5.5	Registration District No. 65 State File No.
Br o	(1) have in bounded on inviden
ord.	tion give name.)  Prim. Registration District No. 2/4/ Local Registrar's No.
H H	2. FULL NAME OF CHILD Watter Dale albright.
D. N. B of each,	3. Sex   if plural   4. Twin, triplet, or other
	9. Full FATHER 18. Full MOTHER
RECOR number	name Dale albright maiden Dourthy Pierce
NT R	10. Residence (usual place of abode)  (If non-resident, give place and State)
G N	11. Color or race
RMAN,	13. Birthplace (city or place) 22. Birthplace (city or place) (State or country)
PER.	14. Trade, profession, or particular kind
<b>4</b> 75	kind of work done, as spinner, fages of work done, as housekeeper, typist, nurse, clerk, etc.
IS e f	15. Industry or business in which 24. Industry or business in which
HIS	sawyer, bookkeeper, etc typist, nurse, clerk, etc. typist, nurse, clerk, et
1 90	♥
	was engaged in this work
	june 8 1935 in this work 1 220 in this work
N E	27. What prophylactic was used to prevent Ophthalmia Neonatorum? (O)0.  28. Number of children of this mother (At time of this birth and including the shild)
'ADING Return	(a) Born alive and now livingQ(b) Born alive but now deadQ(c) Stillborn
UNIF.	29. If stillborn, period of gestation 9 months or weeks 30. Cause of stillbirth self-medico-Lon Junius During labor.
F	CERTIFICATE OF ATTENDING PHYSICIAN OR MEDICIFE
<b>E</b> 3	I hereby certify that I attended the birth of this child, who was Still bounds I m. on the date above stated.
59	(When there was no attending physician /
艺艺	or midwife, then the father, householder, boundary, m. D.
P.E.	(etc., should make this return.)  Give name added from
TE I	a supplemental report.  (Date of)  Address
ATT O	Filed June 13 = 1985 Diger. Thomber
₽Š	Registrar.

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MARGIN RESERVED FOR BINDING

PLACE OF DEATH	1 100 TATE OF ID. DEPARTMENT OF PUBL	AHO LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Latah	BUREAU OF VITAL	220 17 Magy 22.40
City of Potlatch	CERTIFICATE O	F DEATH   State File No. 94278
City of	Registration District No	65
		<b>*</b>
	Primary Registration Distric	t NoLocal Registrar's No
(If death occurre	(No. PCT13TON)	Inspital ye its name instead of street and number)
2. FULL NAME Walter	Dale Albright /	tell born
(a) Residence. No	V	
(Usual place of abode)		(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. d
		H T T T T T T T T T T T T T T T T T T T
3. SEX 4. Color or Ra		MEDICAL CERTIFICATE OF DEATH
Male White	ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year)6/8 193
5a. If married, widowed, or di		22. I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	Vorceu	, 193, to, 193
6. DATE OF BIRTH (month, o	ay, and year)	I last saw halive on, 193: death is sa
7. AGE Years Months		to have occurred on the date stated above, atm. The principal cause of death and related causes of impo
	Days If LESS than 1 day, hrs.	tomas mans on follows:
Stillbirth	or min.	Itale boin-
8. Trade, profession, or part kind of work done, as a	pinner.	July 1000
sawyer, bookkeeper, etc. 9. Industry or business in work was done, as silk r	vhich	
work was done, as silk r saw mill, bank, etc		
10. Date deceased last work ed at this occupation		Other and the desired from the second
(mo. and yr.)	occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town		Sella Medication
(State or country)	Ida	Self medientur
E 13. NAME Dale Al	bright	Name of operation Date of
13. NAME Dale Al  14. BIRTHPLACE (city or (State or country)	town)	What test confirmed diagnosis? Was there an autopsy?
2 15. MAIDEN NAME DOT	othy Pierce	23. If death was due to exter'l causes (violence) fill in al
	RATTIME OF	the following: Accident, suicide, or homicide? Date of injury, 19
(State or country)	town)Ida	Where did injury occur? (Specify city or town, county, and state)
17. INFORMANT Mrs. Wa	lter Pierce	Specify whether injury occurred in industry, in home, or
(Address) <b>BCV1</b> 18######ON OR	II? Ida.	public place
		Manner of injury
Place MOSGOWI	Short	24. Was disease or injury in any way related to occupati
(Address)	moren	of deceased? If so, specify
20. FILED . 6/. 10/, 193.5.	go ger. Thompson	(Signed), M.
( )	Registrar.	(Address) O. W. Clark U

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

DEPARTMENT OF PUBLIC WELFARE	
County of County of City of City of City of City of City of CERTIFICAT OF BIRTH 2335	50
City of Carty Of BIRTH 2335	154
NoSt.  Registration District NoState File No  Out 111-1041  Registration District NoState File No  Out 111-1041  Registration District NoState File No  Prim. Registration District NoState File No	
(If born in hospital or institution Prim. Registration District NoLocal Registrar's No	
(If born in hospital or institution Prim. Registration District NoLocal Registrar's NoLocal Registrar's No	
give name.)  2. FULL NAME OF CHILD	
2. g 2. Patter 17 the state of 2. Twin, triplet, or other 6. Premature 4. 7. Legiti- 8. Date of birth 2.4.1/2	\$ 5.
births 5. Number, in order of birth Full term mate? 42   birth (MONTH, DAY)	, 193 <u>~</u>
9. Full FATHER   18. Full MOTHER	
name  Heigh Howell  10 Residence (usual place of abode)  17 Residence (usual place of abode)	
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race will 12. Age at last birthday 1. (years)  13. Birthplace (city or place)  14. Great last birthday 1. (years)  15. Color or race will 12. Age at last birthday 2. (Years)  16. Great last birthday 2. (Years)  17. Color or race will 12. Age at last birthday 2. (Years)  18. Color or race will 12. Age at last birthday 2. (Years)  19. Residence (usual place of abode) (If non-resident, give place and state)  20. Color or race will 21. Age at last birthday 2. (Years)  22. Birthplace (city or place)	ch
11. Color or race will 12. Age at last birthday 2. (years) 20. Color or race will 21. Age at last birthday.	/Z (years)
13. Birthplace (city or place) 94540 22. Birthplace (city or place) 15thut 4.	
(State or country)  (State or country)  23. Trade, profession, or particular kind	
VI ZII   14 1 f i. J     UI WUIK LOUIC, GS HOUSCREEDEL! //	Mi.
sawyer, bookkeeper, etc.    Z   Sawyer, bookkeeper, etc.   Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.       Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk, etc.     Z   typist, nurse, clerk,	,
lawver's office, silk mill, etc.	home
sawmill, bank, etc	. (
anont in the	
Spent in this work. June 1935 spent in this work.	/
27. Number of children of this mother  (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) S	tillborn_4
27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q (b) Born alive but now dead Q (c) S 28. If stillborn, period of gestation 8. Months or weeks 29. Cause of stillbirth June 7. Influence Q. During lai	Or
CERTIFICATE OF ATTENDING PHYSICAN OF MIDWIFE 20	
I hereby certify that I attended the birth of this child, who was at at m. on the date	above stated.
	М. Д.
Za or midwife, then the father, householder, (Signed)	
Give name added from	, MKIWIFE
Cil a supplementar reporter and a supplementar reporter an	444
Piled June 122, 1936 D. J. Yh.M. Registrar.	teo strar
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BY The second of the A Company of the Land Line training in contrast the state of the state Color of the State tanta see page and service the Lynched and S. Harrison E STORE STOR LOCATION DE MANAGEMENT the take and a street and as a Line waste bur dearn artis THE PERSON NAMED IN THE PE to the south and the 2271114 THE STATE OF THE S the same of the same of the the second secon THE WALL STATES

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		P 150 BUREAU OF VITAL S	STATISTICS 04904
	should f OCC	CERTIFICATE O	F DEATH   State File No. 94284
	sho of O	City of Registration District No	66
Ė	ا بد 20	Primary Registration Distri	
_	A B	•	
400040	SICIAN	(If death occurred in a hospital or institution,  2. FULL NAME	give its name instead of street and number.
9		a of it last	, at
	M	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
2	<b>3</b> .	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_ 4		3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	21. DATE OF DEATH (month day, and year) June · /2 1935
Sz ?	Y ii	hule white or Divorced (write the word)	22. I HEREBY CERTIFY, That I attended deceased from
NDING	E S	5a. If maried, widowed, or divorced	, 193, to, 193
Z	7 P. A.	HUSBAND of (or) WIFE of	I last saw halive on, 193; death is said
BI	nid be state be proper	6. DATE OF BIRTH (month, day, and year) June /2 - /52	to have occurred on the date stated above, at
OR		7. AGE Years Months Days If LESS than	were as follows:
FO	a d b	1 day,hrs.	IT is f
VED			gree orn
	sho nay k of	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	/
ESER		<del>                                   </del>	
SH F	AC AC nat j on b	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
#	4 - 월 급	o 10. Date deceased last worked at this occupation (month and spent in this	Other contributory causes of importance:
GIN	lied.	year) ccupation (month and spent in this occupation	Le luma or tuster
		12. BIRTHPLACE (city or town)	
₫ ;		(State or country)	
· 🕰		13. NAME Hugh Howell	Name of operation Date of
	arefull plain See	13. NAME Howell.  14. BIRTHPLACE (city or town) 7	What test confirmed diagnosis?
;	in p	(State of country)	23. If death was due to exter causes (violence) fill in also the following:
1		15. MAIDEN NAME Doris, Busch.  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?
		16. BIRTHPLACE (city or town)	(Specify city or town, county, and State)
į	LAINLY should b DEATH y imports	(State or country)	Specify whether injury occurred in industry in home, or in public
į	T - E'	17. INFORMENT Truck (Address)	place.
	ion OF	18. BURIAL, CREMATION, OR REMOVAL Freeze Cernelery	Manner of injury
į		Place Purus Date July 13:, 193 5	Nature of injury
	wkiik i information CAUSE OF TION is ver	19. UNDERTAKER Facuto	24. Was disease or injury in any way related to occupation of deceased?
i		(Address)	W. Thursten
١	, ii	20. FILED 9 uns 13, 1935 or 1 W. Thompes	(Signed), M. B.
ì	ż	Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1 1028	Other CONTRIBUTORY CAUSES of importance:	1
May 1, 1020	Custo delicer tris	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1928	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other Contributory Causes of importance:

- 214-1041035 NOS PLACE OF BIRTH STATE OF IDAHO County of Mes (1 ETMENT OF PUBLIC WELFARE TMENT OF PUBLIC WELFAL
HAU OF VITAL STATISTICS n case of more order of the contract of the co CERTIFICATE OF BIRTH No.. 1009 State File No. Registration District No. ...... (If born in hospital or institu-Prim. Registration District No. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD ...... N. B. 7. Legiti-(f plura) 8. Date of birthe birth...6 5. Number, in order of birth.... Full term. A. RECORD. mete!.... (Month, Day, Year 9. Full FATHER 18. Full MOTHER maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Therest Tours (If non-resident, give place and State) PERMANENT each, and the 11. Color or race 21. L. 172. Age at last birthday 2.8 (years) 20. Color or racellitet 21. Age at last birthday 27 (years) 22. Birthplace (city or place).... 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc ...... 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mill, work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ....., 19...... in this work..... ...... 19...... in this work..... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2...(b) Born alive but now dead...Q.(c) Stillborn...Q... months Before labor..... 29. If stillborn, or weeks 30. Cause of stillbirth. During labor period of gestation... CERTIFICATE OF ATTENDING PHYSE I hereby certify that I attended the birth of this child, who was Z. Am. on the date above stated. When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from WRITE One child a supplemental report.....

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DEPARTMENT OF PURIS WELFARE County of... BURDAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 362 SE Registration District No. ..... (If born in hospital or insutu-Prim. Registration District No. 2669 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD 7. Legiti-8. Date @ (f plura) 3. Sex hirth births 5. Number, in order of birth.... Full term TOATAT 18. Fu 9. Full FATHER nade namo alvarella /30 me Came 10. Residence (usual place of abode) Marsh. (If non-resident, give place and State).... 19. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race. [4] 12. Age at last birthday 5.3 (years) 22. Birthplace (city or place). Marsh Center 13. Birthplace (city or place). Wellskungle (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. kind of work done, as spinner. sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which last engaged in this work in this work prophylactic in this work work was done, as own home, lawyer's office, silk mill, etc. ..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Z.(b) Born alive but now dead (1...(c) Stillborn ..... AMANAL Refore labor..... months or weeks 50. Cause of stillbirth 29. If stillborn, Fu atterna During lebor period of gedtation CERTIFICATE OF ATTENDING PHYSICA at Ziffm. on the date above stated. I hereby certify that I attended the birth of this child, who we When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report Address Filed. Registrar. Registrar.

THE WAY TO SHARE THE PARTY OF T WATER OF CHIEF Short the same of the same of the same C. Leading Co. THE PARTY OF THE P ECAMO STROPES Linner of High SHEET WI company of the second of the s total to order techniques and Constituted with place and chart washing MANAGER HALL CAMPA TO ebento inter a Charles and the property of the party of the BIT (without course or graces) A the state of the And the second of the second o Printed mentassion, or partirolar man of water will be a subject Market of regardent was A leading of the land of THE WAR AND ASSESSED TO STATE OF week the second second second AND THE PARTY OF T my rein, effer and mak ele-Me Mile Truling The water thinking to their best their built you've The design of the second of th SAME THE PROPERTY OF THE WANTE Louistander, depressible, meant of poor the stronglished trail. AND PROPERTY OF THE PARTY OF THE The water particular to be an incident and the second to t The second secon 9012 - 1111 ME the distributed by Sent Line was and the The state of the s CHARLEST IN THE DAME OF THE SECOND STATES I forms results that the total and north or this could drive the first that Mich offere and the shapefully reported the lines with the section and the section of ROLL WIND THE PROPERTY OF Property Land ners telling amore wife.

PEACE OF DEATH	STATE OF IDA	1
County of	EAU OF VITAL R	74322
Registratio	n District No	20/09 /3
		t No. 2069 Local Registrar's No. 13
(No (if death occurred in a h	Malad Cor ospital or institution	on, give its name instead of street and number)
2. FULL NAME BSby Cam	p (Stilll	born)
	Malad Idah	
(Usual place of abode) Length of residence in city or town where deat	h occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
ed or Di	Married, Widow- vorced (write the	1
5a. If married, widowed, or divorced HUSBAND of	ару	28. I HEREBY CERTIFY, That I attended deceased from Our J, 19351, to, 193
(or) WIFE of	·)	I last say halive on, 193: death is sai
6. DATE OF BIRTH (month, day, and year May 9 1935		to have occurred on the date stated above, atm.
7. AGE Years Months Days	If LESS than 1 day 0. hrs.	
0 0 0	or 0. min.	
8. Trade, profession, or particular kind of work done, as spinner.		Opernatyse shara-
sawyer, bookkeeper, etc		tion of hagrentan
9. Industry or business in which work was done, as silk milk		24 hope before birth
saw mill, bank, etc	time (vanre)	
naw mill, bank, etc	this this	Other contributory causes of importance:
12. BIRTHPLACE (city or town)Ma	lad Tdaho	
	Transito	
13. NAMEL. M. CAMP 14. BIRTHPLACE (city or town). Wall		Name of operation Date of
14. BIRTHPLACE (city or town). Wate or country)	tah	What test confirmed diagnosis? (Was there an autopsy?
(State or country)  15. MAIDEN NAME Elvareen B  16. BIRTHPLACE (city or town). Mar (State or country)		23. If death was due to exter'l causes (violence) fill in altitude following: Acgident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town). Mar (State or country)	sn center	where did injury occur?
17. INFORMANT Malad Ida	ma R.F.D.	Specify whether injury occurred in industry, in home, or Ipublic place.
18. BURIAL, CREMATION OR REMOVAL	Buria!	Manner of injury.
12	te Dine /1095	Nature of injury
19. UNDERTAKER MAIA Tola	ha.	of deceased? Mo If so specify
20. FILED 6/30 193V- VZV.	Cerus.	(Signed)
	Registrar.	(Address) KA. A. A

TO ME PERSONAL

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVANDIE I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

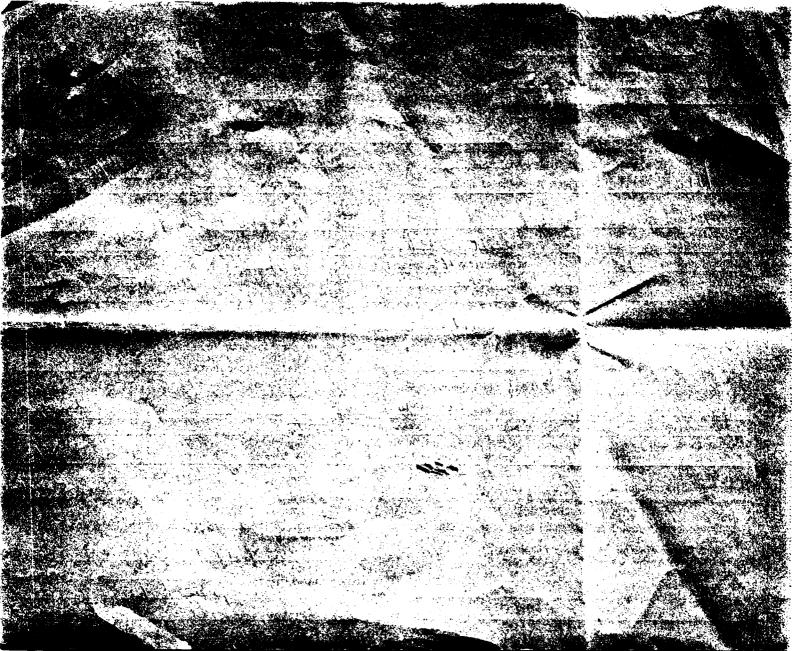
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

MPLE II
EATH and related Date of onset follows:
1 week ago
1 week ago
3 days ago
s of importance:
YSICIAN
_

of more than birth stated.	County of July 5 1935 RECENT	STATE OF IDAHO PEPARTMENT OF PUBLIC WELFARE 233706 CERTIFICATE OF BIRTH			
In case of m order of birt	No St. Registration I  (If born in hospital or institution give name.) Prim. Registr.  2. FULL NAME OF CHILD.	TH ST.			
D. N. B each, in	3. Sex M If plural 4. Twin, triplet, or other	remature 12 7. Legiti- ull term mate?   8. Date of 6/14 193.5   (Month, Day, Year)			
RECOR mber of	9. Full FATHER name Carmond Halsh  10. Residence (usual place of abode)	18. Full MOTHER maiden name Park Torock  19. Residence (usual place of abode)			
PERMANENT ch, and the nu	(If non-resident, give place and State) Italy Italy.  11. Color or race	(If non-resident, give place and State)  20. Color or race.   21. Age at last birthday.   27(years)  22. Birthplace (city or place)			
IS A PER for each, e	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper.			
THIS made	work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) spent	work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work   26. Total time (years) spent			
日報	27. What prophylactic was used to prevent Ophthalmia Neonat	orum? in this work. Olivous			
UNFADING te Return m	28. Number of children of this mother (At time of this birth	and including this child) v living 5 (b) Born alive but now dead (c) Stillborn /			
29. If stillborn, period of gestation 6 mo. { months or weeks } 30. Cause of Stillbirth ? During labor Before labor					
CERTIFICATE OF ATTENDING PHYSICS ATTENDING PHYSI					
PLAINLY st birth	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.  Give name added from	igned) X.P.Tedue, M. D.			
child	a supplemental report	Idress Juggs Stoke 1995 alie M. Greene			
WR	Registrar.	Registrar.			



•	item of ld state OCCU.	SEP 9 1935 RECEIVED OF ID PLACE OF DEPARTMENT OF PUBLICATION OF STREET	BLIC WELFARE DO NOT WRITE IN THIS SPACE
	Every S fhoul ent of	City of Felt Registration District No	F DEATH State File No. 95112
	RECORD. PHYSICIAN Bract statem	Primary Registration Distri  (No	
	LY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
INDING	FEMBLANENE HEXACTLY.  y classified.  sate.	3.SEX M 4. COLOR OR RACE or Divorced (write the word)	21. DATE OF DEATH (month day, and year)
BE	IS A FER Batated EX roperly of sertificate.	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on
. 🗮 1		6. DATE OF BIRTH (month, day, and year) 4 - 1 - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	The principal cause of death and related causes of importance were as follows:  Date of onset
ESERV	it m	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date decased last worked at this occupation, (morth and this occupation, (morth and this occupation).	Luga Canus diToruni
	supplied. AC erms, so that be instruction	year) occupation occupation  12. BIRTHPLACE (city or town) Felf	Other contributory causes of importance:
<b>F</b>	in t	(State or country)  13. NAMB Raymon d walsh  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	be ca 'H in mport	(State or country)    State or country)   Melinatha   15. MAIDEN NAME   Maide   Brock     16. BIRTHPLACE (city or town)   Manual and a state or country)	23. If death was due to exter causes (violence) all in also the following:  Accident, suicide, or homicide? Date of injury
i		17. INFORMENT Rayn and Walsh  18. BURIAL, CREMATION, OR REMOVAL	Specify whether injury occurred in industry in home, or in public place.  Manner of injury
	informatio CAUSE O PATION	Place A Color Date 0 - 15, 1935  19. UNDERTAKER (Address)	Nature of injury
f T		20. FILED <b>7—6—</b> , 193 5 Weie M. Greenl Registrar.	(Signed) X-1 C. Yellur, M. D.  (Address) Single States.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	_	Other CONTRIBUTORY CAUSES of importance:	-
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO County of DEPARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of 3 in order of birth CERTIFICATE OF BIRTH Registration District No. State Mile (If born to hospital or institution give name.) Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD Dolers N. B.-4. Twin. triplet. or other 6. Premature. If plural 7. Legiti-3. Sex • 8. Date of birtha hirth 5. Number, in order of birth.... ö Full term mate? RECORD. 9. Full FATHER number 18. Fuli MOTHE nama maiden name 10. Residence (usual place of abode) murphy Owyhee 19. Residence (usual place of special man PERMANENT sach, and the (If non-resident, give place and State) All 11. Color or race M. | 12. Age at last birthday A. (years) 20. Color or race. 21. Age at last birthday 4/ (years 13. Birthplace (city or place) Colorado I 22. Birthplace (city or place) (State or country) each. (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular, kind kind of work done, as spinner of work done, as housekeeper ATION sawyer, bookkeeper, etc. Pamena typist, nurse, clerk, etc. Accese Rec 15. Industry or business in which 24. Industry or business in which made work was done, as silk min. work was done, as own home flow home lawyer's office, silk mill, etc. Clurches sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must To late 1935 in this work 25 100 1935 in this work 2 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING 28. Number of children of this mother (At time of this birth and including this child) months 29. If stillborn, Before labor..... or weeks 30. Cause of stillbirth. period of gestation..... During labor..... wife, on the date ghove stated. CERTIFICATE OF ATTENDING PHY I hereby certify that I attended the birth of this child, who was PLAINLY Id at birth When there was no attending physician / (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address Filed..... Registrar.

And the second s

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

B...WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. Co Ci 2. 3.  $\P_{7.}$ . ż Boack

PLACE OF DEATH	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE STATISTICS	DO NOT WRITE IN TE	
ty of Boise	CERTIFICATE O	F DEATH	State File No	741
	Registration District No		~	161
	Primary Registration District	No. 1009	Local Registrar's No	101
(If death occurred	(No. St. Alphons in a hospital or institution, given	ans Hospitari	of street and number)	206
	Moss			,
			st. Murphy	Valia.
(Usual place of abode) ength of residence in city or town		(If nonre	sident give city or town and in U. S., if of foreign birth?	l state) yrs. mos. ds.
PERSONAL AND STATIS		MEDIC	AL CERTIFICATE OF DEA	rh
M. 4. Color or Rac	ed or Divorced (write the	21. DATE OF DEA	ATH (month, day and year)	5-2-35 193
M. W			ERTIFY, That I attended	leceased from
HUSBAND of (or) WIFE of		10.7. L	1985 to	
5. DATE OF BIRTH (month, de		to have occurred	live on .6	t .4.1.2.1.m.
June 2, 1  . AGE Years Months		The principal cau	se of death and related car	Date of onset
	1 day, hrs. or min.	14_		nate of onset
8. Trade, profession, or partiking of work done, as	cular	VIII	lborn	
sawyer, bookkeeper, etc  9. Industry or business in w				
work was done, as silk m	ıill,		· · · · · · · · · · · · · · · · · · ·	
10. Date deceased last work ed at this occupation	_ 11. Total time (years)	Other contains	ory causes of importance:	
(mo. and yr.)	occupation	Other contribut	ord cumes or importance.	
12. BIRTHPLACE (city or tow (State or country)	n)Boise			
13. NAME William	Moss	Numa of angratic		ate of
14. BIRTHPLACE (city or to (State or country)	town)Colo	What test confirm	ed diagnosis? Was there	an autopsy?
15. MAIDEN NAME Hen	rietta Jeffrey		due to exter'l causes (violen or homicide? Date or	
16. BIRTHPLACE (city or (State or country)	town)Arkansas	Where did injur	y occur?pecify city or town, county,	and state)
	Moss	Specify whether	injury occurred in industry,	
(Address) 18. BURIAL, CREMATION OR	REMOVAL REMOVAL	public place  Manner of injur		
	111 Date. 6-3-35 193	Nature of injury		t d compation
19, UNDERTAKER. W McBr (Addyess)	ratney Boise	of deceased?	or iljury in any way related	<b>5</b>
20. FILED 6 3, 1985.	Registrar.	(Signed) (Address)	Bolse	2, M. D.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE

- 8.—The trade, profession, or particular kind of work done.
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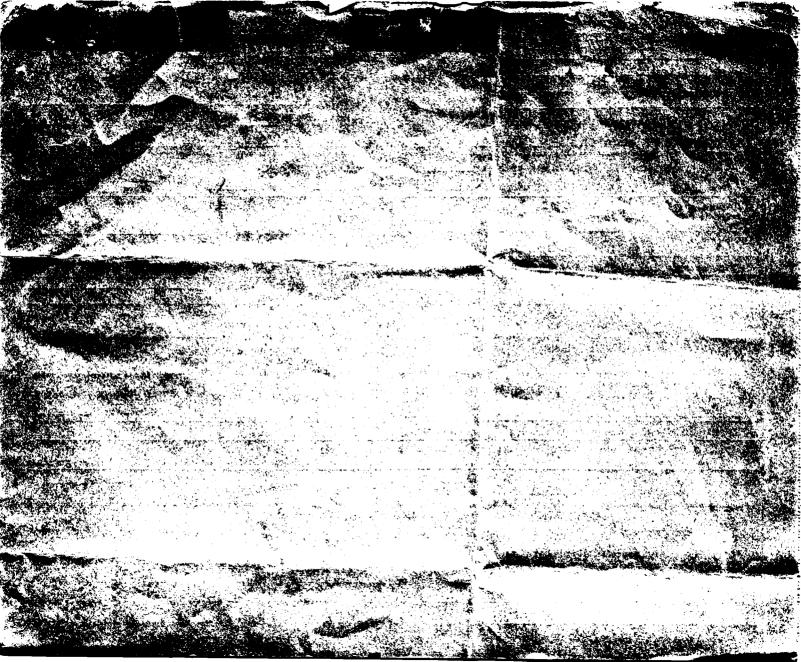
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LAAMI LE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
977777777777777777777777777777777777777			

452-210-00b-695	
County of Basalt See Basalt	STATE OF IDAHO
County of Dingham	PRAIL OF VITAL STATISTICS
City of Basalt	2330H3
No St_	CERTIFICATE OF BIRTH \$233973
Pagistration T	District NoState File No
(If born in hospital or institution give name.) Prim. Registry	ation District No. 2194 Local Registrar's No. 243
2. FULL NAME OF CHILD 13 ar/hery C	Penlave
3. SEX /// ES-AR	rematural 7. Legiti- ull term 1 mate? 1 8. Date of birth 199. [198] (Month Day, Year)
9. Full name Arthur Mussick	18. Full MOTHER maiden name 2 A
10. Residence (usual place of abode) (If non-resident, give place and State Bush Mc	19. Residence (usual place of abode) (If non-resident, give place and State)
1. Color or race	20. Color or race 121. Age at last birthday/ (yes
3. Birthplace (city or place) (State or Country)	22. Birthplace (city or place)
14. Trade, profession, or particular	192 Trade profession on particular him?
kind of work done, as spinner, sawyer, bookkeeper, etc.	zs. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
E 15. Industry or business in which —	E 24. Industry or business in which
work was done, as silk mill,	work was done, as own home,
sawmill, bank, etc.	lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spen
in this work ( )	in this work
27. What prophylactic was used to prevent Ophthalmia Neonet	
	and including this child)
(a) Born alive and now	v living/ (b) Born alive but now dead (c) Stillborn/
29. If stillborn, beriod of gestation 6'2 months or weeks	30. Cause of stills of During labor.
CERTIFICATE OF ATTENDING	
I hereby certify that I attended the birth of this child, who was	
I hereby certify that I accended the pirch of this child, who was	(Born App or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc., (S	ligned) + S
should make this return	
Give name added from	
	ldress State
(Date ef)	led suly 6.1935, 193/Mos Walter 2 Jatra
Begistrar.	(2CA) Registrar.
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ATH cate.	FORMA KING TO THE	CERTIFICA	TE OF DEATH	State of Idaho BOARD OF HEALTH
DE.		Registration District No	121	Bureau of Vital Statistics
E OF DEATH of certificate	County of My ham.	Primary Registration Dist	trict No. 3 / 94	File No. 93655
SE	City of Skelling		St.)	Registered No. 26
ate CAUSE is on back of	If death occurs away from usual residence, give facts called for under special information.  2. FULL N.	AME BONDE	ery Dema	If death occurred in a hospital institution or camp, and its large of street and its large of
RD should state C	PERSONAL AND STATISTICA	AL PARTICULARS	AIEDICAL CERTIFI	CATE OF DEATH
RECORD CIANS sho		SINGLE, MARRIED, WID- OWED OR SIVORCED (Write/the word.)	16. DATE OF DEATH	70
ENT HYSIO ortant	6. DATE OF BIRTH		(Mont	h) (Day) (Year)
RMAN fLY, P ry imp	(Month)	(Day) 635 (Year)	17. HEREBY CERTIFY,	That I attended deceased from
ING A PE XAC	7. AGE Cundi	IF LESS than 1 day	that I last saw h alive on	19
IS , ted E	YrsMosds	or min.	and that death occurred on the	· ·
HIS HIS Sta	8. OCCUPATION		The CAUSE OF DEATH* was	as follows:
FO FO	(a) Trade, profession or particular kind of work		/ V / / / / / / / / / / / / / / / / / /	
SERVED IG INK. GE shou ent of O	(b) General nature of industry, business or establishment in which employed (or employer)		Junatu	
REG DIV	9. ВІКТНРІЛСЕ	Man In	Contributory	Yysds.
MARGIN H UNFA supplied. Exact sta	10. NAME OF	angua.	(Secondary)	
MA WITH ully su	FATHER C	of Messia	(Duration)	mos ds.
i je je	11. BIRTHPLACE OF FATHER		(Signed)	MB
MINLY be car	(State or Country)	out da	(Address)	o rolly of
E PL/ should roperly	12. MAIDEN NAME OF MOTHER	ah Monde	(1) Means of Injury; and (2) whether	
WRIT ation y be 1	13. BIRTHPLACE OF MOTHER		Transients or Recent Resi	
orm	(State or Country)	~	At place of deathyrsmosday	
f ind at it	14. THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
item of s, so tha	(Informant) Slifford M	iseich	Former or Butt	Idako.
iry il rms,	(Address)	Jul _	19. PLACE OF BURIAL OR IN	EMOVAL DATE OF BURIAL
B.—Eve plain te	15. May 12 35 )	m Thating the I	Bosall . to	deko May 11, 1935
in B.	Filed 1900 ///	Local Registrar	20) UNDERTAKER	ADDRESS
4.5	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088		" "one.	

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

366-123-006-155 61935 RECEIVE STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Firth CERTIFICATE OF BIRTH 121 Registration District No. State File No. (If born in hospital or institution give name,) Prim. Registration District, No. 2194 Local Registrar's No. 215 2. FULL NAME OF CHILD. 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_\_6. Premature\_\_\_\_\_6. 7. Legiti-8. Sex births hirth 5. Number, in order of birth.... mal Full term mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race. W | 12. Age at last birthday 47 (years) 21. Age at last birthday 4/ (years) 20. Color or race .... 13. Birthplace (city or place). Willwill. 22. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. .. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work RK now now in this work 26 in this work 20 ..... 19..... UNFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... 28. Number of children of this mother (At time of this birth and including this child) / O (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn 29. If stillborn, During labor...... months 30. Cause of Stillbirth Breech period of gestation 40 weeks or weeks WITH Sopara Before labor.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was 7.45 Hm. on the date above stated. PLAINLY When there was no attending physician (Signed) .... or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address (Date of) Registrar. Registrar.

MAR 2 4 2017

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS ORD. Every in HYSICIANS Registration District No. Primary Registration District No. Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married. Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day a located HEREBY CERTIFY, That Mattended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH/month, day, and year AGE The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: 1 day,... hrs. no Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, hookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town (State or country) 13. NAME Name of operation.... Date of ..... 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? 4. Was there an autopsy2. 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Where did injury occur?.. (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, Manner of injury.... Nature of injury..... 24. Was disease or injury in any way related to eccupation 19. UNDERTAKER (Address) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DV CMDI C I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

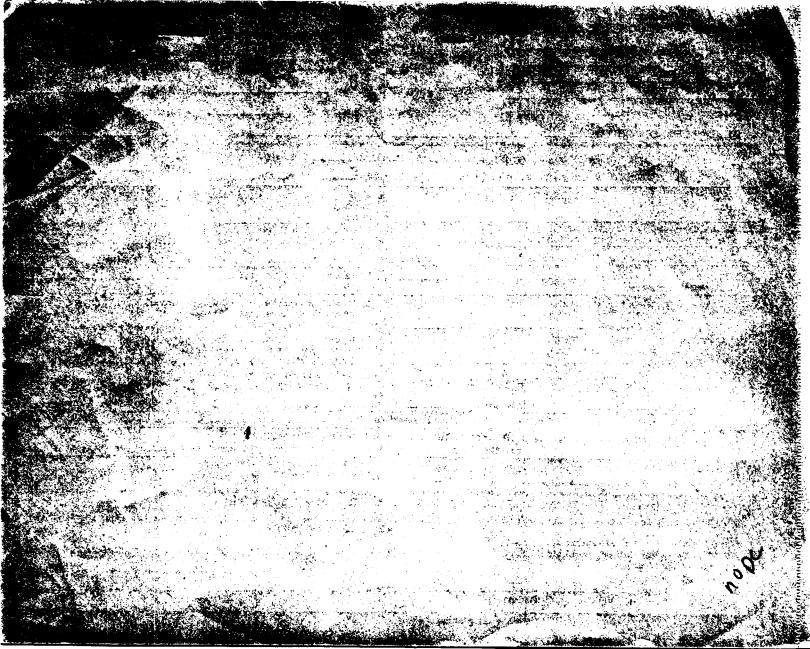
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVAMBLE II

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
		,,	

964-115-006-695 AUG STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE Ginaham BUREAU OF VITAL STATISTICS County of. aty of Black to CERTIFICATE OF BIRTH No. 121 3me a3 Registration District No. State File No. \_\_\_ Local Registrar's No. \_\_\_\_\_ Prim. Registration District No. / 007 (If born in hospital or institution give name.) Kodaers 2. FULL NAME OF CHILD. 8. Date 6. Premature 7 7. Legiti-If plural 4. Twin, triplet, or other\_\_\_\_\_ 3. Sex birth. 5. Number, in order of birth..... mate? Full term... (Month, Day, Year) MOTHER 9. Full FATHER 18. Full name maiden name 10. Residence (usual place of abode) residence (usual place of abode) Blackfoot (If pon-resident, give place and State) 19. Residence (usual place of abode) Blackfoo (If non-resident, give place and State) ..... 11. Color or race While 12. Age at last birthday 23 (years) 20. Color or race While 21. Age at last birthday 19 (years) 22. Birthplace (city or place) Blackton 18. Birthplace (city or place). (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, / / typist, nurse, clerk, etc. House sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as silk milliour work was done, as own home, sawmill, bank, etc. \_\_\_\_\_ lawyer's office, silk mill, etc. \_. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 5 years now 19 in this work | Mean 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother tell down stairs Uring labor..... months 29. If stillborn. 30. Cause of Stillbirth Jane. 15 period of gestation la mancha or weeks been dead a month Before labor..... CERTIFICATE OF ATTENDING THYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was the ...atQ:00/m. on the date above stated. (Horn Alive or Sillborn) When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address .... WRITE (Date of) Filed .. Registrar.



12   1. 386 - 126-006 - 149 PLACE OF BIRTH	STATE OF IDAHO
County of Birth R. St. 8 1935 R. St.	DEPARTMENT OF PUBLIC WELFARE  LA PLAN OF VITAL STATISTICS  2 2 4 0 2 1
a City of City	CENTIFICATE OF BIRTH 3234021
No St.	116 0 7 70 3
Registration  [If born in hospital or institution give name.]  Prim. Registration	District No
	Boy Shapen
3. Sex If plural \( \) 4. Twin, triplet, or other	Premature 7. Legiti- 8. Date of 7 - 1935
	Full term mate? (Month, Day, Year)
9. Full FATHER	[18. Full MOTHER
in name Floyd Chule Thanks	maiden name Salle Latricka Furnes
10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race   12. Age at last birthday   2. (year	19. Residence (usual place of abode) (If non-resident, give place and State).
15   15   15   15   15   15   15   15	20. Color or race 21. Age at last birthda (years)
13. Birthplace (city or place). (State or Country)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which	of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home,
0   4   monte mone dono on eille mill	24. Industry or business in which work was done, as own home,
work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) spent	work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
last engaged in this work in this work in this work	last engaged in this work 26. Total time (years) spent
last engaged in this work 17. Total time (years) spent in this work 27. What prophylactic was used to prevent Ophthalmis Neon	in this work
27. What prophylactic was used to prevent Ophthalmia Neon	
(a) Born alive and no	th and including this child)  ow living. (b) Born alive but now dead. (c) Stillborn
29. If stillborn. months	30. Cause of Stillbirth Before labor.
period of gestations or weeks	During labor
29. If stillborn, period of gestation of certificate of attending certi	G PAYSICIAN OR MIDWIFE 10 as African at 7m. on the date above stated.
d I hereby certify that I attended the birth of this child, who w	asatatatat m. on the date above stated.
	(Signed) Af mill M. D.
should make this return.  Give name added from	or, Midwife
g a supplemental report (Date of)	Address Blackfurt Harts
0	Filed 1-21- 1930 Memery have
Registrar.	Registrar.

**. .** -· 1

АНО
BLIC WELFARE DO NOT WRITE IN THIS SPACE
STATISTICS C4465
State File No
. 16
ct No. 2195 Local Registrar's No. 13
give its page instead of street and number.)  St.  (If nonresident give city or town and state)
ds. How long in U. S., if of foreign birth? yrs. mos. ds  MEDICAL CERTIFICATE OF DEATH
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (month day, and year) 193  22. I HEREBY CER'IFY. That I attended deceased from
22. I HEREBY CER'IFFY, That I attended deceased from
I last saw h. alive on 198 t death is said
to have occurred on the date stated above, at
The puincipal cause of death and related causes of importance
were as follows: Date of onse
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to exter leauses (violence) all in also the following:
Accident, suicide, or homicide? Date of injury, 193
Where did injury occur?
Specify whether injury occurred in industry in home, or in public
piace.
Manner of injury  Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D. (Address) Blacks at Jach

MARGIN RESERVED FOR BINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

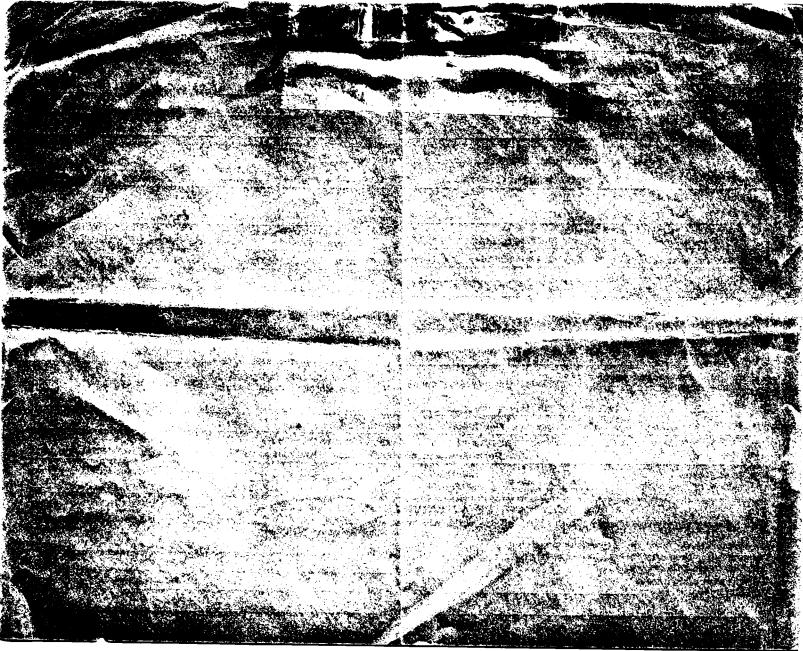
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
M 1 1000	Other CONTRIBUTORY CAUSES of importance:	
May 1, 1923	Gastroenteritis	1 year
OR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis

TE OF IDAHO DEPAREMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS of mor CERTIFICATE OF BIRTH Registration District No. .... State File No. ... Paim, Registration District No. \_\_\_\_\_\_ Local Registrar's No. \_\_\_\_\_ (If born in hospital or institution give 2. FULL NAME OF CHILD. 9 8. Date of Legiti-5. Number, in order of birth..... Full term... (Month Day, Year) FARMER MOTHER 9. Full 18. Full name 10. Residence (usual/place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State (years) 20. Color or race while | 21. Age at last birthday 12. Age at last birthday 13. Birthplace (city or place) 22. Eirthplace (city or place).... (State or Country) the (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. .... sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home sourcewise work was done, as silk mill. lawyer's office, silk mill, etc. ..... sawmill, bank, etc. ..... 16. Date (month and year) 25. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work... ....., 19...... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Home (At time of this birth and including this child) 28. Number of children of this mother During labor 29. If stillborn. months period of gestation..... or weeks CERTIFICATE OF ATTENDING PAR nt 10 P. m. on the date above stated. I hereby certify that I attended the birth of this child, who was. (Born Alive or Stillborn) When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Midwife Give name added from child Address ..... a supplemental report..... (Date of) Filed ..... 900 Registrar.



Non Kumaid (Regeste STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE Exact statement BUREAU OF VITAL STATISTICS IFICATE OF DEATH State File No..... Registration District No..... Primary Registr Local Registrar's No. 00 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race; 5. Single. Married. Widow-21. DATE OF DEATH (month, day ed or Divorced (write the word) deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH Month, day, and year) to have occurred on the date stated above, at AGE and related causes of impor-Months If LESS than 8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation .. What test confirmed diagnosis?.... Was there an autopsy? 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 198. 16. BIRTHPLACE (city or Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ....... 18. BURIAL, CREA Manner of injury... Nature of injury. 24. Was disease of injury 19. UNDERTAKER (Address) of deceased?.. (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

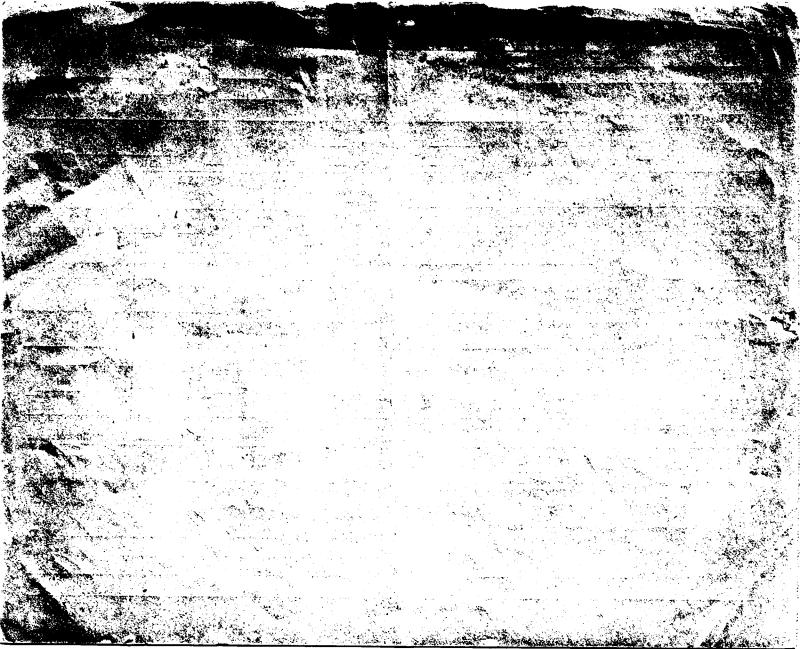
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EXAMPLE I		EXAMPLE II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:	:	Other CONTRIBUTORY CAUSES of importance:	i i	
Gallstones	May 1, 1923	Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
·				

PLACE OF BIRTH CLEANT OF PUBLIC WELFARE MAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH State File No. . Registration District No. ...... Prim. Registration District Na 2/10 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 크 8. Date of If plural (4. Twin, triplet, or other 6. Premature 7. Legitizá birth. births 5. Number, in order of birth....... Full term 44 mate? RECORD. (Month, Day, Year) 엉 9. Full FATHER MOTHER 18. Full name maiden name 10. Residence fusual place of abode) 19. Residence (usual place of apode) (If non-resident, give place and State) Live all lally, (If non-resident, give place and State) Live will light the state of the state 11. Color or race White | 12. Age at last birthday 36 (years) 20. Color or race White | 21. Age at last birthday 35 (years) 13. Birthplace (city or place) Willeton 22. Birthplace (city or place) Auran Cally Alle (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, made sawmill, bank, etc. lawver's office, silk mill, etc. ...... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent ģ last engaged in this work must une 29 19 5 INU 29 195 in this work 10 year in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) During labor. 29. If stillborn. months 30. Cause of Stillbirth period of gestation..... or weeks Before labor... CERTIFICATE OF ATTENDING m. on the date above stated. I hereby certify that I attended the birth of this child, who was auborn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Address опе Registrar.



STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE ORD. Every item PHYSICIANS show County of Benne BUREAU OF VITAL STATISTICS ERTIFICATE OF State File No..... Registration District No..... Primary Registration District No. 2/11-6 Local Registrar's No .. (No. ... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No. St. (Usual place of abode) (If nonresident give city or town and state) Longth of recidence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. MEDICAL CERTIFICATE OF DEATH PÉRSONAL AND STATISTICAL PARTICULARS 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day &d ed or Divorced (write the 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced ...... 193.... to ...... 193..... 193.... HUSBAND of (or) WIFE of I last saw h....alive on .........., 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Days If LESS than Date of onset 1 day.... hrs. or ..... min. S. Trade profession, or particular kind of work done, as apinner, sawser, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or (State or country) What test confirmed diagnosis?.... Was there and autopsy? (State or country) 23. If death was due to exter'l causes (violetce) fill in also the following: 15, MAIDEN NAME \* Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... Manner of injury..... Nature of injury... 24. Was disease or injury in may way be let 19. UNDERTAKER of decease (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE :

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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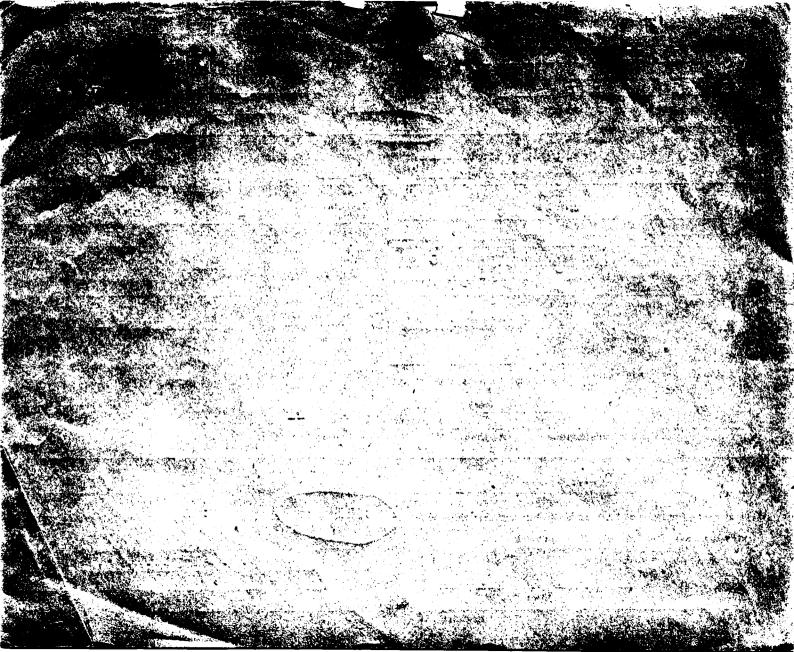
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EXAMPLE I	I was a	EXAMPLE II		
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		Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gailstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		

1. PLACE OF BIRTH  County of Canyon AUG 12 1935 RCCE  City of Caldwell No.  Caldwell Sanitarium Registration  (If born in hospital or institution give name.)  Prim. Beging  Still  Still  Still	STATE OF IDAHO  PEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH S 234155  District No. State File No.			
S Sex   If plural \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Full term Yes mate? Yes (Month, Day, Year)			
amos arthur Schmidt	18. Full MOTHER  maiden Concordia Helen George			
	19. Residence (usual place of abode) Parma, Idaho (If non-resident, give place and State)			
13. Birthplace (city or place) alifornia (State or Country)	20. Color or race			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				
8 16. Date (month and year) last engaged in this work 17. Total time (years) spent	Dog Dota (month and area)			
	and including this child) w livingQ (b) Born alive but now deadQ (c) Stillborn			
29. If stillborn, months period of gestation or weeks	30. Cause of Stillbirth Central Before labor			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was tillborn at 26 m. on the date above stated.  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  OF Midwife				
A Supplemental report	ddress			
Registrar.	iled 1939 Marie Begistrar.			



Kaley DO NOT WRITE IN THIS SPACE VITAL STATISTICS County of...... State File No..... Registration District No..... Primary Registration District No. 5 Local Registrar's No...... RECORD (If death occurred in a hospital or institution, whe its name distract of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Longth of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Bace 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 7 ed or Divorced (write the That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor- AGE Months If LESS than Days 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc...... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this ' (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town) (State or country) 13. NAME / 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopy (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide2 ...... Date of injury ... 193. 16. BIRTHPLACE (city or town) Where did injury occur?...... (State or country) (Specify city or town, county, and state) ATIO Specify whether injury occurred in industry, in home, or in (Address) 5 public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury.... Nature of injury...... 24. Was disease or injury in my way related to occupation 19. UNDERTAKER of deceased?..... (Address) (Signed) Registrar. (Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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10.—The month and year the deceased last worked at the occupation.

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EXAMPLE I		EXAMPLE II	
Unte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
FOR FURTH	HER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car  Peritonitis	

94	693-10	PLACE OF BIRTH	AUG 5 1935	KELLET OF IDAHO S
re tuan stated.	County of	Clearwal	w_	BUDDET US VIIAL BIALIBINA
of more birth st	City of	_ //		CERTIFICATE OF BIRTH 234238
47	No		St.	
	Orofin	: o do ush	Registrati	ion District No State File No
r of	(If born in ho	spital or institution give	name.) Prim. Re	gistration District No. 2/57 Local Registrar's No. 65
H S	2. FULL NAI	ME OF CHILD	Issamed	Villiam Gaby
m'a		If plural (4. Twin, trip!	et, or other	6. Premature 7. Legiti-
D. N. each,	3. Sex	births 5. Number, in	order of birth	Full term mate? West Month, Day, Year)
RECORD mber of ea	9. Full name	lner Tather	Miame)	18. Full MOTHER Shife name
	10. Residence (If non-re	(usual place of abode) sident, give place and Si	tate) Decipe	19. Residence (usual place of abode) (If non-resident, give place and State)
題 5	11. Color or re	ace Mile   12. Age at	last hirthday.23.(y	cars) 20. Color or race White 21. Age at last birthday
PERMANENT ch, and the nu	13. Birthplace (State or	(city or place)	ichigen	22. Birthplace (city or place). (State or Country)
€ <b>₽</b>	l leind of	profession, or particular work done, as spinner, bookkeeper, etc.	Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
THIS IS made for	15. Industry work w	or business in which yas done, as silk mill, bank, etc.		typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
2 0		nonth and year) aged in this work 17.	Total time (years) sp	last engaged in this work
E E			in this work	, 19
S S	U		prevent Ophthalmia N	[eonat orum?
	28. Number of	children of this mother	(At time of this i	birth and including this child) d now living (b) Born alive but now dead (c) Stillborn
WITH UNFADING INK Separate Return must b	29. If stillborn period of a	ı, gestation 6 mon	1 (	30. Cause of Stillbirth rules of Before labor.
		CERT	IFICATE OF ATTEN	DING PHYSICIAN OF MIDWIFE
	ti	ertify that I attended the		o was at m on the date above stated.
PLAINLY I at birth	or midwife, the	re was no attending ph hen the father, hosehold	nysician ler, etc.,	(Signed) With Tappel Magen, M. D.
, <u>1</u> #	should make t		J	or, Midwife
HE		al report		Address Orafina, dalla
WRITE one child	1	()	Date of)	Filed 7-10 1985 that there
WR		74 94 1 1 1 1 1 2 2 2 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Bogistrar.	Registrar.



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AUG 5 1935 RECRIVED	
PLACE OF DEATH  PLACE OF DEATH  County of Clearwater  Orofine  STATE OF ID  DEPARTMENT OF PUBLICATE OF ID  DEPARTMENT OF PUBLICATE OF ID  DEPARTMENT OF PUBLICATE OF ID  DEPARTMENT OF ID  DEPARTMENT OF ID  DEPARTMENT OF ID  DEPARTMENT OF PUBLICATE OF ID  REPARTMENT OF PUBLICATE OF ID  DEPARTMENT OF PUBLICATE OF ID  REPARTMENT OF PUBLICATE OF ID  REPARTMENT OF PUBLICATE OF ID  REPARTMENT OF PUBLICATE OF ID  DEPARTMENT OF PUBLICATE OF ID  REPARTMENT OF ID	DO NOT WRITE IN THIS SPACE STATISTICS
City of	· · · · · · · · · · · · · · · · · · ·
Registration District No	97 0 0
Primary Registration Distric	- , ,
(No. Orofino	Hospital ,
(If death occurred in a hospital or institution, gi	
Wainna Idaho	
(a) Residence. No	(If nonnegident clue city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 193
Male White word)	22. I HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of	, 193, to
(or) WIFE of 6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is sa
s. Daily of Birtin (month, day, and year)	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than	Annua miana an Callamia.
1 day, hrs.	Date of onse
8. Trade, profession, or particular	Cremoturely willy
sawyer, bookkeeper, etcMone.Baby	and the same of th
9. Industry or business in which work was done, as silk mill,	procesper cour
saw mill, bank, etc	
ed at this occupation seent in this (mo. and yr.) occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town). Orofino Idaho	
(Siste or country)	
E 13. NAME Elmer Williams	
14. BIRTHPLACE (city or town). Michigan	Name of operation Date of
S (State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Rubby White	23. If death was due to exter'l causes (violence) fill in all the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Elmer Williams (Address) Weippe	Specify whether injury occurred in industry, in home, or public pince.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
PlaceOrofino patJuly.8, 1935.	
19. UNDERTAKER A. C. NOULY	24. Was disease or injury in any way related to occupation

Registrar.

(Address)

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LARMI EL I	1	EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	EOD EUDTI	HER STATEMENTS BY PHYSICIAN	
ADDITIONAL STACE			
% = == = = = = = = = = = = = = = = = =			

PLACE OF STATE OF IDAHO N. B.—In case of more than each, in order of birth stated County of Cleanwal DEPARTMENT OF PUBLIC WELFARM BURBAU OF VITAL STATISTICS City of Orth CERTIFICATE OF BIRTH 234241 No. Registration District No. .... State File No. . (If born in hospital or institu-Prim. Registration District No. 2/1 7 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD If plural 8. Date of 3. Sex births birth..... mal Full term LA 5. Number, in order of birth.... mate? (Month, Day, Year PERMANENT RECORD. each, and the number of 9. Full MOTHER FATHER 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, Dive place and State) 20. Color or racelland 21. Age at last birthday 11. Color or race. (Like 12. Age at last birthday) ... (years) 13. Birthplace (city or place). 22. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind, 14. Trade, profession, or particular kind of work done, as spinner. of work done, as housekeeper, OCCUPATION sawyer, bookkeeper, etc ...... typist, nurse, clerk, etc. OCCUPATION 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill. work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent ይ 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work 2 mo nin 19..... ..... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living Q. (b) Born alive but now dead. Q. (c) Stillborn. ....... Prolapsed Con Before labor. months 29. If stillborn. or weeks 30. Cause of stillbirth.... period of gestation 6 Mo During labor CERTIFICATE OF ATTENDING PHYSICAN I hereby certify that I attended the birth of this child, who was ... m. on the date above stated. INLY When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from WRITE One chile a supplemental report..... Registrar. Registrar.



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639-105 - OUL 101935 KELLINE odd- 3 LACE OF BIRTH OHACI TO STATE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH Oth of\_ State File No. Registration District No. ----Prim. Registration District No. 2/19 Local Registrar's No. (1) born in homital or institution give pame.) 2. FULL NAME OF CHILD 8. Date of If plural [4. Twin, triplet, or other\_\_\_\_\_\_\_6. Premature\_\_\_\_\_ 7. Legitiune hirth. mate? Zyes births (Month, Day, To Full term... 5. Number, in order of birth... MOTHER 18. Full FATHER 9. Full maiden namé tive se name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State) 20. Color or race 20 | 21. Age at last birthday 3 7 (years) 11. Color or race 12. Age at last birthday (years) 22. Birthplace (city or place).... 13. Birthplace (city or place)....X (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper to typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc. Tarakling 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. \_ made sawmill, bank, etc. \_\_\_\_/ 5 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work ğ IG INK in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING ... (At time of this birth and including this child) 28. Number of children of this mother 30. Cause of stillbirth Lukuw Before labor..... months 29. If stillborn. or weeks During labor period of gestation..... WITH CERTIFICATE OF ATTENDING PHASICIAN OF MIDWIFE at 9 Bm. on the date above stated. I hereby certify that I attended the birth of this child, who was (Bon Alive of Sillborn) birth When there was no attending physician ? (Signed) or midwife, then the father, hoseholder, etc., should make this return. 7Midwife Give name added from Address a supplemental report. (Date of) Bogistrer. The state of the s



JUL 19 1935 RECEI STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Franklin 04574 City of Preston Ide State File No ...... Registration District No. Local Registrar's No .. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) Stillborn Oliverson 2. FULL NAME... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the 193 Male hite word) REBY CERTIFY, That Lattended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) June 5, 1935 to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Monthe Dava If LESS than tance/were as follows: Date of onset 1 day.... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town).. Pres.ton (State or country) Idaho FATHER Elmer Oliverson 13. NAME 14. BIRTHPLACE (city or town).: Frankbin What test confirmed diagnosis? L. / Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Julia Clawson the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town).. Preston Ō Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) WRITE public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date 24. Was disease or injury in any way related to occupation 19, UNDERTAKER (Address) (Signed) ... (Address) .....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

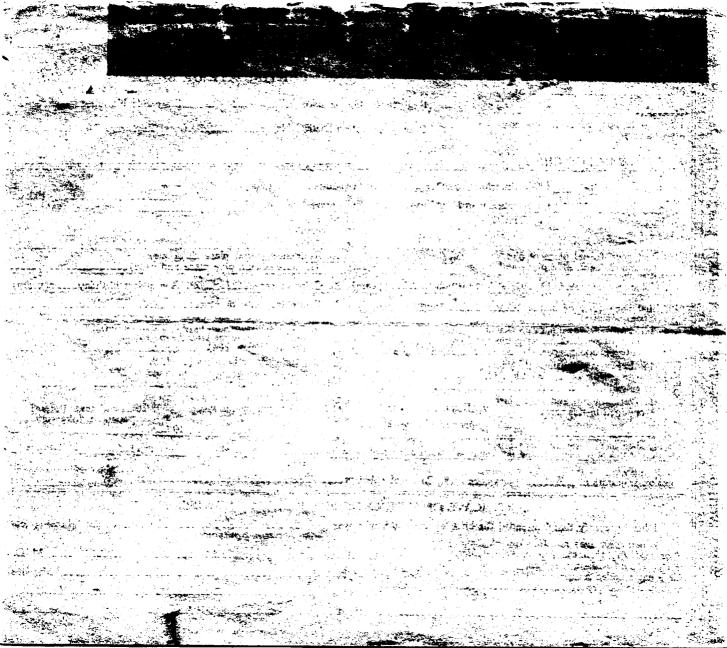
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineers neer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	1

8/3-10/1022 -27/ PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WEDFARE BUREAU OF VITAL STATISTICS A CERTIFICATE OF BIRTH State File No. Registration District No.... (If born in hospital or institution Prim. Registration District No. 21 7 Local Registrar's No. 441 give name.) FULL NAME OF CHILD..... 8. Date of If plural 4. Twin, triplet, or other\_\_\_\_\_ 6. Premature\_\_\_\_ 7. Legiti-3. Sex birth May 1 a births Full terral 5. Number, in order of birth 2\_\_ mate? (MONTH, DAY, TEAR) MOTHER 9. Full FATHER 18. Full maiden name PERMANENT 10. Residence (usual place of abode) 19. Residence (usual place of abode) ę, (If non-resident, give place and State) \_\_\_\_ (If non-resident, give place and state) 11. Color or race 14.542. Age at last birthday 40 (years) 20. Color or race 21. Age at last birthday 4.0 (years) Burton 13. Birthplace (city or place) 22/ 22. Birthplace (city or place)\_\_ (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, Janesee kind of work done, as spinner. typist, nurse, clerk, etc.\_\_\_\_ sawver, bookkeeper, etc. \_. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc. \_\_ 16. Date (month and year) last 17. Total time (years) 25. Date (month and year) last i must engaged in this work 26. Total time (vears) spent in this work... spent in this work. RETURN (At time of this birth and including this child) (a) Born alive and now living .... (b) Born alive but now dead. ... (c) Stillborn 27. Number of children of this mother Before labor ... 28. If stillborn. menthsperiod of gestation\_3\_4\_ or weeks | 29. Cause of stillbirth During labor.... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 11 10 Pm. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ) or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from a supplemental report\_\_\_\_\_ Address \_\_\_\_\_ (DATE OF) Filed\_ Registrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE statement BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH CORD. Every in PHYSICIANS State File No. Registration District No .. Primary Registration District No. 2 Local Registrar's RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No.... (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs, mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) 1937 word) CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of ...... 193.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h....alive on ..........., 193...: death is said 3 to have occurred on the date stated above, at ......m. AGE The principal cause of death and related causes of impor-Months Days If LESS than tance were as follows: 1 day, . 9. hrs. Date of onset 0 0 or ..Q., min. 8. Trade, profession, or particular kind of work done, as spinner, 720 sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. terms saw mill, bank, etc..... 10. Date deceased last work-11. Total time (years) MARGIN ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation important 12. BIRTHPLACE (city or (State or country) FATHER 13. NAME DEATH Name of operation...... Date of...... 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?.... Was there an autopsy?.. MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Q Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT nformation Specify whether injury occurred in industry, in home, or in (Address) public place. ..... state CA OCCUPA 18. BURIAL, CREM Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to eccupation 19. UNDERTAKER (Address) of deceased?... (Address)

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Onte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of oaset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:	1 year
FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis

OF PUBLIC WELFARE PERMANENT RECORD RETURN must be made for irth stated. BUREAU OF VITAL STATISTICS County 234351 City of State File No. Registration District No. Registration District No. 4/8 Local Registrar's No. Hospital ..... FULL NAME OF CHILD..... (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order Child or other? mate? A SEPARATE (Month (Day) (Year (To be answered only in event of plural births) What bactericidal solution was used in eyes?..... order Number of child of this mother now living, including present birth Number of child of this mother, including present birth FULL MAIDEN NAME birth each. RESIDENCE RESIDENCE one child at COLOR COLOR number BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION and CERTIFICATE OF ATTENDING PHYSICIAN more WRITE PLAINLY each I hereby certify that I attended the birth of this child, who was on the date above stated. \*When there was no attending physician CBS0 or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

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arth Arth	No	CERTIFICATE OF BIRTH 234361
25	77	f born in hospital or stitute Hamiltonian District No. 103 State File No.
ger Ger	tio	on give name.) Prim. Registration District No. 1001 Local Registrar's No. 12
무현	2	FULL NAME OF CHILD Monceld Session Sunty
백원 L	$\Gamma$	
× 8	8.	hirths hirths
ë,	9.	Full A FATHER 19 Page 1
8 3		name maiden
걸림	10.	
F S	<b> </b>	(If non-resident, give place and State)
P. P.		Color or race. 1.1. 12. Age at last birthday 1. (years) 20. Color or race. 1.1. 21. Age at last bigthday 1. (years)
RM.	13.	(State or country)
E of	l	14. Trade, profession, or particular kind of work done, as spinner of work done, as housekeeper, two
A TC	NOI	kind of work done, as spinner of a Mulicon of work done, as housekeeper, sawyer, bookkeeper, etc
1 2 2	Ţ	15. Industry or business in which work was done, as silk mill, work was done, as own home.
HIS	þ	work was done, as silk mill, sawmill, bank, etc
4 2	OCCUP	16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent
INK	-	19 in this work
	27.	What prophylactic was used to prevent Ophthalmia Neonattern? 1.25 Chillian
吉	28.	Number of children of this mother (At time of this birth and including this child)  (a) Born alive and now living. (b) Born alive but new dead(c) Stillborn
A A	-	Tell a months
5	28.	period of gestation or weeks 30. Cause of stillbirth there labor. During labor.
ES	_	CERTIFICATE OF ATTENDING PHYSICIAN OR DWIFE
<b>8</b> €		I hereby certify that I attended the birth of this child, who was the control of the date above stated.
SE SE	(	When there was no attending physician /
A P	1	etc. should make this return.
2 2	Giv	Or Midwire
된경	la f	supplemental report (Date of)  Address
<b>E 2</b>		Registrar.
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Mano CORD. Every PHYSICIANS State File No..... Registration District No. Primary Registration District No. 100 Local Registrar's No.. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME ... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) M word) 22, I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of 193. S. to . Scena . A. 4. 193. 6. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ... . ... Years The principal cause of death and related causes of impor-Months Days If LESS than 1 day.... hrs. Date of onset or .... min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town): (State or country) FATHER 13. NAME > 14. BIRTHPLACE (city or town) DEA. (State or country) What test confirmed diagnosis?.... Was there an autopsy? 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: should OF. Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town) state CAUSE OF (State or country) Where did injury occur?..... (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased? (Signed) Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own. home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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EXAMPLE I		EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onnet		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
FOR FURTH	HER STATEMENTS BY PHYSICIAN			
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  1915 Attack of epilepsy Run over by street car  Peritonitis		

617-112:025 -76 51935 RECEIV STATE OF EDAHO County of Ida ARTMENT OF PUBLIC WELFARE BURBAU OF VITAL STATISTICS City of Catternia CERTIFICATE OF BIRTH State File No. ..... (If born in hospital or institu-Prim. Registration District No. 2/83 Local Registrar's No. 4.3tion give name.) 2. FULL NAME OF CHILD ..... Ma a accept 7. Legiti-if plural 8. Date of 3. Sex births hirth. 5. Number, in order of birth Full term. 19 mate?.... CHONEL Day, Tony MOTHER FATHER 18. Full. 9. Full maiden name 19. Residence (usual place of abode) 10. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) ..... (If non-resident, give place and State)..... 20. Color or race. La | 21. Age at last birthday. 13. Birthplace (city or place) 22. Birthplace (city or place).4. (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper typist, nurse, clerk, etc. A S 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill. sawmill, bank, etc. / Healte lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent must g years, 19 in this work ..... 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead ......(c) Stillborn. Before labor..... months or weeks 30. Cause of stillbirth 29. If stillborn, period of gestation During labor. CERTIFICATE OF ATTENDING PHYSICIA I hereby certify that I attended the birth of this child, who we talk the ... m. on the date above stated. When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc., should make this return. ..... Midwlfe Give name added from a supplemental report..... Address ...... Filed Registrar.

The second secon ME MERCH TENTE TO THE PARTY OF A CONTRACTOR OF THE STATE OF TH TOWNER AN OPPOSITE AND A PARTY OF THE PARTY A CONTRACTOR AND A CONT made to make a man bearing to A DESCRIPTION OF THE PROPERTY OF THE STREET The state of the s no cas Acad A And the second second second Little More than the constitution which he The sale of the sale of the sale of with successful and allege and a second TO DESCRIPTION OF PROPERTY IS The state of the s THE SCHOOL STATE WAS A COMMENT OF THE TANK THE T Signed that the control of The Kill Company of the Company of t The formulation was and of second registration registration of the second r Consider of the second and water the property of the property - Market Production The world will be a second of the second of MULTIPALIS L'ADDICATION POR CALIFORNIA DE LA CONTRACTION DE LA CON the orbital and advant d the state and in the state of t When lived was no aboutless some displacement in plants was in both tentrales would have been block and

MATERIAL PROPERTY AND AND REAL PROPERTY AND ADDRESS OF THE PARTY AND AD

FORM V. S. No. 5-28 M. 1-19. OF DEATH of certificate. LITIFICATE OF DEATH State of Idaho PLACE OF DEATH BOARD OF HEALTH Bureau of Vital Statistics Registration District No..... County of .. File No .... Primary Registration District No. Registered No..../... If death occurred in a hos-If death occurs away from pital, institution or camp, give its NAME instead of usual residence, give facts called for under special in-2. FULL NAME... street and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RECORD 3. SEX 5. SINGLE, MARRIED, WID-4. COLOR OR RACE | OWED OR DIVORCED CIANS 16. DATE OF DEATH (Write PERMANENT ACTLY, PHYSI 6. DATE OF BIRTH Zonth) (Day) EXACTLY, I HEREBY CERTIFY, That I attended deceased from (Month) (Day) \_\_\_\_\_19..... to ..... 7. AGE IF LESS than 1 day that I last saw h ........ alive on ...... how many...... hrs. 81 or......min.? and that death occurred on the date stated above, at .Mos... 8. OCCUPATION CAUSE OF DEATH\* was as follows: (a) Trade, profession or particular kind of work.... (b) General nature of industry, business or estab-lishment in which employed (or employer)..... .....(Duration) Yrs.....ds. 9. BIRTHPLACE Contributory..... (State or Country (Secondary) 10. NAME OF ......(Duration) **FATHER** 11. BIRTHPLACE OF FATHER (State or Country) \*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER In the At place of death. (State or Country) Where was disease contracted 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or usual residence 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15. Filed 4. 20. UNDERTAKER Local Registrar SYMS YORK CO., PRINTERS & DINDERS, BOISE 51088

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, use of "Tumor" for malignant neoplasms: Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL. or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

6/3-2/2-2/4/6 PLACE OF BIRTH	
County of AUC 9 1935 River No. 84	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 234416
Registration	District NoState File No
	ration District No. Local Registrar's No.
8. Sex births {4. Twin, triplet, or other thice.  5. Number, in order of birth	Premature 7. Legiti- Full term mate? 3. Date of birth 1935 (Monta, Day, Year)
9. Full FATHER name to fuller  10. Residence (usual place of abode) Jewana	18. Full MOTHER  maiden name Joshia E. Musseleu
(If non-resident, give place and State)	19. Residence visual place of abode) (If non-resident, give place and State)
11. Color or race white 12. Age at last birthday & Gyears	20. Color or race white 21. Age at last birthday. 4 (years)
13. Birthplace (city or place) (State or Country) Narth, Sukata	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeepes, typist, nurse, clerk, etc. 24. Industry or business in which
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work in th	25. Date (month and year) last engaged in this work  19. 26. Total time (years) spent in this work
27. What prophylactic was used to prevent Ophthalmia Neone	
28. Number of children of this mother  (At time of this birtle)  (a) Born alive and no	h and including this child) w living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation S /2 Mo. { months or weeks	30. Cause of stillbirth State Before labor The During labor During labor
CERTIFICATE OF ATTENDIN	G PUSICE OR MIDWIFE
I hereby certify that I attended the birth of this child, who we When there was no attending physician	(Born Alive or Stillborn)
or midwife, then the father, hoseholder, etc.,	Signed) Eliza 7 Zelley M. D.
1	Address Justine Islaho
	Filed 7 193 , 198 5 6 F. Jeffer M. B.
-/2.6.0.	

CHANGE TO STEATS TENERAL GO TARREL Regulation Piers & Sq. the state of the first course of the first The state of the s to symbol in order of black Pull term order of sector MATE THE TOP THE 12 PA . S. .. maiden. ១ភូមេក The converted to the state of t the property and the party of the property of the party o The transfer of the state of th tentinos no stata Country of States Trade profession or natural 23 Trade, vivilended, or particular lited of work slowed an howelvestar. L Laborati mineral site attention in the state of the sta le is to be bushes in which incorts or regimely in which with was done, or own home William William St. Sales Sales Sales lawyer's office, elike mill, ele. ... ... II. Total time (years) ovent 5 25 liste county and peerl Site Date (Boots and year) steeres (cinist) east teatr es denne stat at besugne isst HAW MINE IN THE REST WAR Arm ald: or in the work fr Made production was used to prevent Continuous Monneture of (bliefs eith) profincions from 1846 wat to denti fA) L'A Munitor of callage of this cockec-Principally (10) . It beats you turn alter and the first the privil man fire with might be There willed Received of bestelling or weeks inos las modific N 98 TO CHASE OF SCHOOLSESSEEN L Dering Land L. Commercial The state of the s CERTIFICATE OF ATTENDING PRINCIPLES OF AUDITOR I hereby couldy that I attended the thrist of this child, who was a first that I attended the thrist who was a first of the child before the child Charles at the artificient there was each established winds OF Mary - Charge in cultivitie then the latter, however the ... ishede major this return med belon areas avial Adda at 

B...WRITE PLAINLY, WITH UNFADING INK.-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. ż

AUG 8 1935 RECEITS OF IDA	AHO PROPERTY BY BUYER OF ACE
PLACE OF DEATH DEPARTMENT OF PUBL	
unty CEDTIEICATE	
certificate o	F DEATH   State File No
Registration District No	·
Primary Registration District	No. 18 Local Registrar's No
(If death occurred in a hospitator in tightion, give	ve its name instead of street and number)
11.52-m. my11	· Lerene st
(a) Residence. No	(If nonresident give city or town and state) most ds. How long in U. S., if of foreign birth? yrs. mos. d
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. Color or Race 5. Single, Married, Widowed or Dyorced (write the	21. DATE OF DEATH (month, day and year) /2 19
ende Wall word fingle	22. I HEREBY CERTIFY, That I attended deceased fro
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	7/12, 1935., to/1.2, 193.5
B. DATE OF BIRTH (month, day, and year)	I last saw handlive on, 193: death is sa
AGE Years Months Days III LESS than	to have occurred on the date stated above, at
1 day, hrs.	Date of ons
8. Trade, profession, or particular	Promalus Inhaul
kind of work done, as spinner, sawyer, bookkeeper, etc	
world was done on alle will	Due to love conducto
saw mill, bank, etc	of reollier
10. Date deceased last work- ed at this occupation spent in this (mo. and yr.) occupation	other contributory causes of importance:
12. BIRTHPLACE (city or town Control (State or country)	
	-
13. NAME Tra Foller	Name of operation Date of
14. BIRTHPLACE (city or tay) (State or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Logica Mossler	23. If death was due to exter'l causes (violence) fill in a the following:  Accident, suicide, or homicide? Date of injury, 1
16. BIRTHPLACE (city or town)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT Ina Fuller	Specify whether injury occurred in industry, in home, or
(Address) 18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Prome Com. Dat July 13, 1985	Nature of injury
19 UNDERTOKER & R Wiley.	24. Was disease or injury in any way related to occupat
(Address),	of deceased?
20. FILED	(Address) . Leweny Delay.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

73' 1 1 1 D 1 D 1

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

B 12 1935 KECKIV STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 234530 County of ... BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH Registration District No. State File No. Prim. Registration District No. 2/28 Local Registres No. 152 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD O 6. Premature / 7. Legiti-8. Date of If plural 4. Twin, tripley or other..... birth. births 5. Number, in order of birth. Full term. (Ala mate? (Month, Day, Year) 18. Full 9. Full FATHER MOTHER name maiden name 10. Residence (usual place of alode) (If non-resident, give place and State) Nexture 19. Residence (usual place of abode) (If non-resident, give place and State). If ex-11. Color or rate 1. 12. Age at last birthday 2.1. (years) 20. Color or race [ 21. Age at last birthday. 2.1. (years) 18. Birthplace (city or place) 22. Birthplace (city or place) / les louis (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind/ kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent last engaged in this work in this work 8 GW in this work..... 27. What prophylactic was used to prevent Ophthalmsa Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. O..... (b) Born alive but now dead. O..... (c) Stillborn. During labor I Naumatio 29. If stillborn. months 30. Cause of Stillbirth ..... period of gestation..... or weeks Before 1970r CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was k . m. on the date above stated. When there was no attending physician or midwife, then the father, householder, etc., > should make this return. Midwife Give name added from Address . a supplemental report..... (Date of

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ting of the state 
Va

City of..... No... Registration District No. (If born in hospital or institu-State File No. tion give name.) Prim. Registration District No. .....Local Registrar's No. 2. FULL NAME OF CHILD À g If plural 8. Date of births RECORD. 5. Number, in order of birth.... birth Full term 9. Full 18. Full name MOTHER. maiden name 10. Residence (usual place of abode) Lapse PERMIANENT 19. Residence (usual place of abode) (If non-resident, give place and State). 11. Color or race diant 12. Age at last birthday #2 (years) (If non-resident, give place and State)...... 20. Color or race 21. Age at last birthday 70 (years 13. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper sawyer, bookkeeper, etc OCCUPATION typist, nurse, clerk, etc. ... touse 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, sawmill, bank, etc.... lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) last engaged in this work 26. Total time (years) spent last engaged in this work 17. Total time (years) spent 27. What prophylactic was used to prevent Ophthalmia Neonatorum 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead 2...(c) Stillborn, 29. If stillborn. months period of gestation or weeks 30. Cause of stillbirth hade Before-leber During labor CERTIFICATE OF ATTENDARY OF MIDWIFE I hereby certify that I attended the birth of this child. Am. on the date above stated. When there was no attending physician / or midwife, then the father, householder, (Signed) etc., should make this return. Give name added from supplemental report...(Date of)

The Burnier du Breeds W. the regularity to secular establishment in a contraction in The Company of the Court of the The state of the s SACRETE SECTION OF THE SECTION OF Barry By Barry & March that is the time to be designed to the companies of the Carl Charles to the Street Charles The formation of some than the firm A CONTRACTOR OF THE PROPERTY O we will be the special of the special 建物的一种 动物的粗毛 经实际保护股份 The transfer of manufacture of the current of COLOR WAS IN BURNEY WAR WITH The state of the s Was the Mother against the Plane William The state of the s the same of the same of the same करा । अने केन्स्य अवस्थित है जो की अपने के स्वाप्त के स्वाप्त के स्वाप्त के स्वाप्त के स्वाप्त के स्वाप्त के स विश्व के स्वाप्त के स् The war was and the first for a second of the second of th The second of the control of the con paragrafite in the Contract was a part of the Sales (a) a few from the contract of the The water the state of in the appropriate the control of the second Same for the time of the age interests there will be made English to the street that the contract CHOP AND CONTRACTOR Liverage militarity an one American in Sec. 1992 (1) more the the term houselesses analys will melica to not . STANK ALL

N. B...-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of a information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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19 1935 RULLINE	
PLACE OF DEATH DEPARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of CERTIFICATE (	ST 551 A 1977   9/4/6/9/2
City of Registration District No.	
<b>'</b>	
Primary Registration Distric	
2. FULL NME	ive its name instead of street and number)
(a) Residence. No	GI-
II (USUAL DIACE OF Shode)	(If nonresident give city or town and state) nos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow.	
Male Indian word Word	
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	I last saw halive on
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, atm.
7. AGE Years Months Days If LESS than	Anne more on follower.
1 day, hrs	
8. Trade, profession, or particular kind of work done, as apinner, anwyer, bookkeeper, etc.	Alloam
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years)	
saw mill, bank, etc.  10. Date deceased last work. 11. Total time (years)	
ed at this occupation spent in this occupation coefficient	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Kapwan	
(State or country)	
13. NAME TOOK Ulgarood	Name of operation Date of
14. BIRTHPIACE (city) or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Illen JIl	23. If death was due to exter'l causes (violence) fill in also
16. BIRTHPLACE (gity or town)	the following: Accident, suicide, or homicide? Date of injury, 193.
(State or country)	Where did injury occur?(Specify city or town, county, and state)
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place. F. Copson, Sal Date . 3. Q., 1935	Nature of injury
19. UNDERTAKER OF THE LAND OF	24. Was disease or injury in any way rected to occupation of deceased? If somecity
20. FILED May, 1935 LLANG GUINNA	(Signed)
Registrar M	(Address) . Frilde fai . Lale

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	1. PLACE OF BIRTH AUG 12 1935 K.C.	STATE OF IDAHO			
	County of Shown e	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 234626			
	Sity of 12/1022	CERTIFICATE OF BIRTH			
Ĭ	Registration	District No. 123 - State File No.			
	(If born in hospital or institu-	ration District No. 220/ Local Registrar's No. 7/			
1	Safe Same	79.			
12	FULL NAME OF CEILD				
:	3. Ser births  4. Twin, triplet, or other	DIFER			
[	9. Full FATHER	18. Full MOTHER			
	name GEORGE A. BLACK	name Lois Dopothy Tranklin			
1	10. Residence (usual place of shode) 1211099 daho (If non-resident, give place and State)	19. Residence (usual place of abode) /e/1099/daha (If non-resident, give place and State)			
1	11. Color or race. 20.   12. Age at last birthday 3.0 (year	a)   20. Color or race (11)   21. Age at last birthday (12) (years			
1	13. Birthplace (city or place) WAShingToN (State or country)	22. Birthplace (city or place) /4850 (State or country)			
14. Trade, profession, or particular 28. Trade, profession, or particular kind					
CIL	sawyer, bookkeeper, etc. 15. Industry or business in which	24. Industry or business in which work was done, as own home,			
Ē	work was done, as sik min, sawmill, bank, etc	lawyer's office, silk mill, etc.			
3	kind of work done, as animer, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work work work work was done.	25. Date (month and year) last engaged in this work			
2	7. What prophylactic was used to prevent Ophthalmia Neonatorum? **PREVIOH -10%**  8. Number of children of this mother (At time of this birth and including this child)  (a) Born alive and now living O(b) Born alive but now dead O(c) Stillborn 3				
2	29. If stillborn, period of gestation or weeks 30. Cause of stillbirth Don't KNOW Before labor  During labor				
ŀ	CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE			
	I hereby certify that I attended the birth of this child, who was STIMBARY m. on the date above stated.  When there was no attending physician (Signed)				
	or midwife, then the father, nousenoider,				
1	etc., should make this return.  Give name added from	or, Midwi			
	a supplemental report	Address Filed Queg 10, 1935 Sms. John Shift			
	Registrar.	Reg and all			
"	ing the state of t	the state of the s			

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MARGIN RESERVED FOR BINDING WITH LINFADING INK.-THIS IS A PERMANENT RECORD. Every item of

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	2 1935 RECEIV	ED		
PLACE OF DEATH	DEPARTMENT OF PUB BURHAU OF VITAL		DO NOT WRITE IN T	HIS SPACE
county of the	CERTIFICĂTE (			
city of Mellogs	CERTIFICATE		State File No	
0.0	Registration District No	123		
	Primary Registration Distri	ct No. 226/	Local Registrar's No	38
(If death courred	(No	ive its name instead	of street and number)	206
. FODD NAME	( X . / 0 . o		**************	<i>y</i> .
(a) Residence. No(Usual place of abode)	7	(If nonre	.St. sident give city or town an	d state)
ength of residence in city or tow	n where death occurred. yrs.	hos. ds. How long	in U.S., if of foreign birth?	yrs, mos, ds
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC.	AL CERTIFICATE OF DEA	тн ,
3. SEX 4. Color or Ra	ed or Divorced (write the	21. DATE OF DE	ATH (month, day and year)	7 193
tomas white	word)		ERTIFY, That I attended	
5a If married, widowed, or div HUSBAND of	vorced	H .		
(or) WIFE of		Ц	., 193, to	
6. DATE OF BIRTH (month, d	ay, and year) 301935	. 11	live on, 193 on the date stated above, a	
7. AGE Years   Months	Days If LESS that	-   1701	se of death and related ca	
	1 day, hr	tance were as	follows:	Date of onse
8. Trade, profession, or parti	or mir	1		********
kind of work done, as	pinner.	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.	2-14-1	
sawyer, bookkeeper, etc 9. Industry or business in v	zhieh		79.7.	
work was done, as silk n saw mill, bank, etc	eff1,	1 7/2	les and one	
2 10. Date deceased last work	11. Total time (years)	O Priores	143. T. O	······································
ed at this occupation (mo. and yr.)	spent in this occupation	Other contribut	ory causes of importance:	·
12. BIRTHPLACE (city or tow	m) ./	<u> </u>		*********
(State or country)	Kaloge Jack	<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·	
13. NAME Y L B	lead "		• • • • • • • • • • • • • • • • • • • •	I
14. BIRTHPLACE (city or	han)	. ()	n	
(State or country)	Wester A cotten	£    — — — — — — — — — — — — — — — — — —	ed diagnosis? Was there	
15. MAIDEN NAME  16. BIRTHPLACE (city or (State or country)	- Franklini	the following:	due to exter'l causes (violer or homicide? Date o	
16. BIRTHPLACE (city or (State or country)	wy Cure Ball	Where did injur	y occur? pecify city or town, county,	
17. INFORMANT (Address)	Bleek	. Specify whether	injury occurred in industry,	_
	REMOVAL	public place	y	
Place. J. ella 90.	Date 8 1 , 193	Nature of injury		
19, UNDERTAKER	Stant	24. Was disease of	or injury in any way related	d to occupation
(Address)	elses Idahi.	of deceased?	It of, specify S.	
20. FILED	mrs: Helen In Bus	(Signed) (Address)		O A
	Registrar.			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

----

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of Importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

UG 12 1935 RECE DEPENDENT OF PUBLIC VENTAL STATE N. B.—In case of more than each, in order of birth stated MENT OF PUBLIC WELFARD County of OF VITAL STATISTICE 346 City of J Mem CERTIFICATE OF BIRTH No. Registration District No. (If born in hospital or institu-Prim. Registration District No. tion give name.) Local Registrar's No... 2. FULL NAME OF CHILD ..... 7. Legiti-[f plural 8. Date of A births birth mate? 44 5. Number, in order of birth.... Full term. PERMANENT RECORD. Sach, and the number of MOTHER 9. Full 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State). 11. Color or race. Little | 12. Age at last birthday 2.3 (years) 20. Color or race. M. 1. 21. Age at last birthday 2.0 (years 22. Birthplace (city or place)...... (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. for OCCUPATION sawyer, bookkeeper, etc ...... typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home, work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent рę 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must att July 1935 in this work alun in this work..... 27. What prophylattic was used to prevent Ophthalmia Neonatorum? ...... WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) Before labor... months 29. If stillborn. or weeks 30. Cause of stillbirth... period of gestation..... During labor..... CERTIFICATE OF ATTENDING PHYSICA I hereby certify that I attended the birth of this child, who was m. on the date above stated. When there was no attending physician / or midwife, then the father, householder, child etc., should make this return. Give name added from a supplemental report..... WRITE One chil Registrar.



The state of the state of

TATE OF IDAHO PUBLIC WELFARE statement CORD. Every is PHYSICIANS State File No. ..... Registration District No ...... 2085 Exact Primary Registration District No. RECORD. (If deth occurred in a hospital FULL NAME.... Residence. No..... (If nonresident give city or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color ar Race 5. Single, Married, Widowed or Div rced (write the word) 22 J HEREBY CERTIFY, That L 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Months Days tance were as follows: 1 day,... hrs. .... min. 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work\_ 11. Total time (years) ed at this occupation spent in this (mo, and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) MOTHERFATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) the following: Where did injury occur?..... ō (State or cou (Address) 18. BURIAL, Manner of injury..... of deceased?... (Address)

DO NOT WRITE IN THIS SPACE

Local Registrar's No ....

give its name instead of street and number)

ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MEDICAL CERTIFICATE OF DEATH

21: DATE OF DEATH (month, day and year) Will 5 193 5 attended deceased from

.: death is said to have occurred on the date stated above, at ......m.

The principal cause of death and related causes of impor-

Date of onset

Other contributory causes of importance:

Name of operation...... Date of......

What test confirmed diagnosis?.... Was there an autopsy?... 3. If death was due to exter'l causes (violence) fill in also

Accident, suicide, or homicide?..... Date of injury.., 193.

(Specify city or town, county, and state)

Specify whether injury occurred in industry, in home, or in public place. .....

Nature of injury..... 24. Was disease or injury in any way related to occupation

(Signed) Valdi B. Fulna

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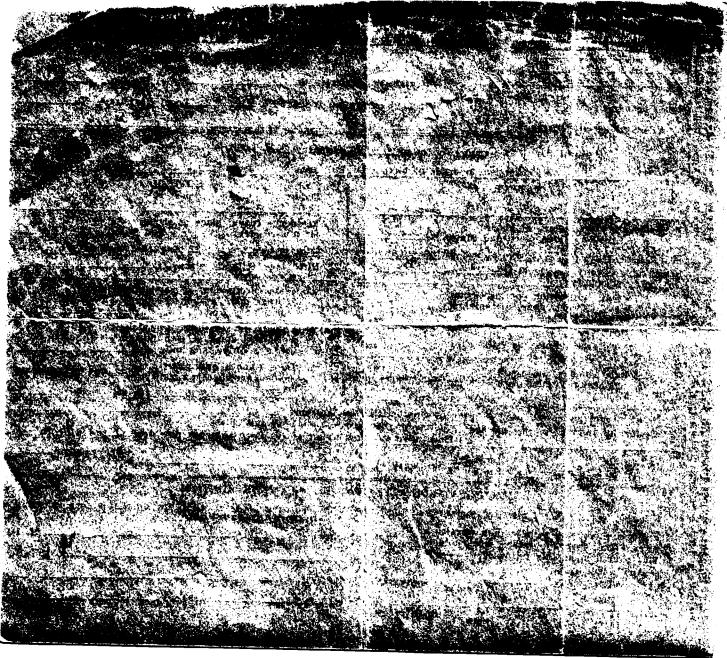
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

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\ ma		unty of June 12 1935 RECEIV	THE REPORT OF PUBLIC WELFARE  LIPERT OF PUBLIC WELFARE  LIPERT OF PUBLIC WELFARE  OF PUBLIC WELFARE
2	Nο	B. Il Va Joseph	OFFIRMATE OF PERIN
3	41	$\sqrt{y-122.092-319}$ Registration Dis	strict No. 39 State File No.
er	(If	born in hospital or institu-	ion District No. 2087 Local Registrar's No
, 5 1		FULL NAME OF CHILD Baby Mad	sta :
each, in	3	Sex () If plural 4. Twin, triplet, or other	Prematuralis. Legiti- 8. Date of birth birth page 193 27,
number of	9.	Full FATHER	18. Full MOTHER maiden Lena & Carns
e pun	10.	Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
13	11.	Color or race 12. Age at last birthday 1. 1981	20. Color or race   21. Age at last birthday las. (years)
and	13.	Birthplace (city or place). Single Wat.	22. Birthplace (city or place) Uelch Office, (State or country)
HIS IS A PER. made for each,	ATION	14. Trade, profession, or particular kind of work done, as spinne, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
INK-THI must be ma	OCCUPA	1 30 ( in 7.01% WOLK	200000000000000000000000000000000000000
Return n	27 28	What prophylactic was used to prevent Ophthalmia Nec	living (b) Born alive but now dead O. (c) Stillborn
Z.	29.	period of gostation	oirth
with un		CERTIFICATE OF ATTENDING	who value on Min on the date above stated.
PLAINLY Id at birth		When there was no attending physician or midwife, then the father, householder, etc., should make this return.	gned) Midwith
EFE SHIP	a		od July 12 19835 OT Cartinam Mad
WRITE One chil		Registrar.	Begistrar.



الأرسي	6 1935 NECEIVED	
item o shouk nent o	PLACE OF DEATH DEPARTMENT OF PUBL County of Quil BUREAU OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE
very item ANS sho statement	City of BULL CERTIFICATE O	
CORD. Every PHYSICIANS Exact statem	R.F.D. A Registration District No.	
ND. YSI Xac	Primary Registration Distric	
CORD PHYS 1. Exa	(If death occurred in a hospital or institution, gi-	ve its name instead of street and number)
T RE LY. sifie	(a) Residence. No	St.
NEN ACT clas cate.	Length of residence in city or town where death occurred. Oyrs. C  PERSONAL AND STATISTICAL PARTICULARS	
EX. EX. ertifi	4. Color or Race 5. Single, Madried, Widow. ed or Divorsed. (write the	21. DATE OF DEATH (month, day and year)
PERI PERI ated prop of ce	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
R B IS A be st y be	(or) WIFE of 6. DATE OF BIRTH (month day, and year)	I last saw halive on, 193 death is said
HIS HIS on I	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.  The principal cause of death and related causes of importance were as follows:
VED S sho sho st in	8. Trade, profession, or particular	Date of onset
SER INI AGI so th	kind of work done, as spinner, suwyer, bookkeeper, etc.  9. Industry or business in which	fruentte.
ed.	work was done as silk mill, saw mill, bank, etc	Joan Local I more
FAL Ppli	ed at this occupation special this occupation cocupation	omer contributory causes of importance:
MAR Ily su plai	12. BIRTHPLACE (city or town).	
VITH WITH Prefu	14. BIRTHPLACE (city or own).	Name of operation
Y, V be c EA1	(State or country) Lungkau Mah	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also
ould OF D	16. BIRTHPLACE (My or town). References (State or country)	the following: Accident, suicide, or homicide? Date of injury, 193. Where did injury occur?
PLA n sh ISE (	17. INFORMANT O Land 1. Malsey	(Specify city or town, county, and state)
WRITE ormatio ite CAU	18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury
aforn Este	19. UNDERTAKER YAWS 1939	Nature of injury
M # O	20. FILED	(Signed) So specify M. D.
z	Registrar.	(Address) . Jacks

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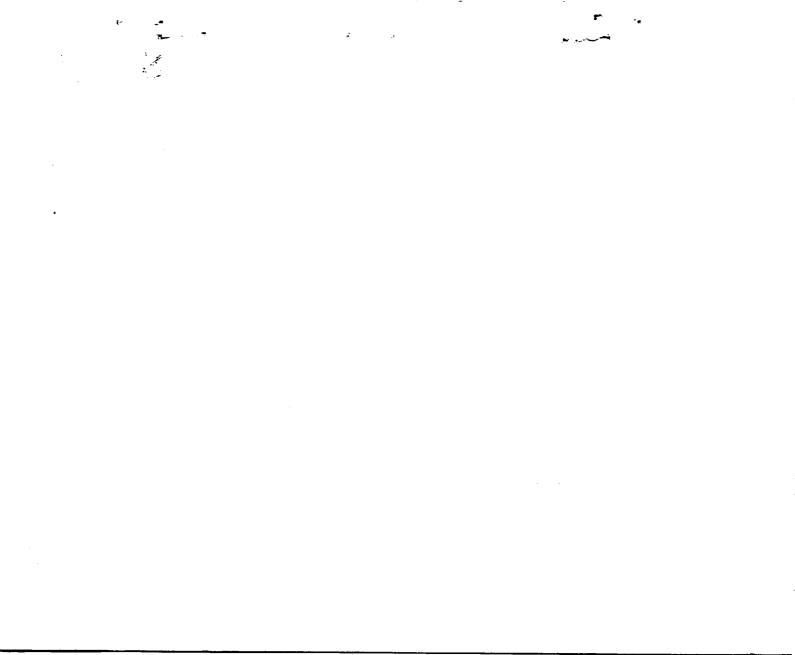
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e of onset
eek ago
reck ago
lays ago
year

993-119,042-253 PLACE OF BIRTH	
1. PLACE OF BIRTH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of 1935 KKI	WINDEAU OF VITAL STATISTICS
City of Bull	DEPARTMENT OF PUBLIC WELFARE  CIVED EAU OF VITAL STATISTICS  234713
No St.	
	District No. 3 9 State File No.
(If born in hospital or institution give name.) Prim. Registr	
	ration District No. 2087 Local Registrar's No.
2. FULL NAME OF CHILD ( Quel 2)	uel fiether
If plural [4. Twin, triplet, or other	8. Date of
o. No.	Premature 7. Legiti-
5. Number, in order of birth	Full term mate? (Month, Day, Year)
9. Full FATHER	18. Full MOTHER
name	maiden
10. Residence (usual place of abode)	name Eva Kueale.
(If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race (years   12. Age at last birthday 2 4 (years	
13. Birthplace (city or place) us day.	22. Birthplace (city or place)
(State or Country)	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	z of work done, as housekeeper,
Sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
☐ 15. Industry or business in which ✓ work was done, as silk mill,	24. Industry or business in which
sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
sawmill, bank, etc.  16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year)
last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
	19 in this work
27. What prophylactic was used to prevent Ophthalmia Neons	<del></del>
28. Number of children of this mother (At time of this birth	and including this child)
	w living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation Sweeks months or weeks	30. Cause of stillbirth Sefore labor Placeute pro
period of gestation or weeks	During labor
CERTIFICATE OF ATTENDING	2 PHYSICIAN THE MEANTER.
I hereby certify that I attended the birth of this child, who wa	
I hereby certify that I attended the birth of this child, who wa	(Beer life or Stillborn)
When there was no attending physician	
or midwife, then the father, hoseholder, etc., should make this return.	Signed) M. D
Give name added from	Midwife
a supplemental report	ddress July Sto
(Date of)	
	iled aug 5 , 1935 1 Jarburgon
Begistrar.	Registrar.
	<b>▼</b>



	THE THE PARTY OF T		
DEATH riffcate.	A DIACELOE DEAMER.	E OF DEATH 95488 BOA	State of Idaho ARD OF HEAL/TH
30.	Registration District No	37 Bures	u of Vital Statistics
20.	County of Primary Registration Dist	rict No2085 File No	
USE ack o	City of Jacob Cles Hu (No. Twin Falla Ge	neral Hospital St.) Registe	red NoZub
e CAU	If death occurs away from usual residence, give facts called for under special in-		death occurred in a hos- ital, institution or camp, we its NAME instead of
stat	formation. 2. FULL NAME.	st	reet and number.
ald recti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
RECORD IANS sho	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED	16. DATE OF DEATH	206
RECOI CIANS	Write the word.)	No. DATE OF BEZIN	19 34
ENT HYSI ortani	6. DATE OF BIRTH	(Month)	(Day) (Year)
MAN CY, P	(Month) (Day) (Year)	17. I HEREBY CERTIFY, That I at	tended deceased from
PER YEST		July 1 9 103 to DT	July 19103-
DING A J EXA N is	7. AGE  IF LESS than 1 day how many	that I last saw hammalive on	
1 SI 2 SI	Yrs. O Mos. O ds. or O min.?	and that death occurred on the date stat	ed above, atM.
HIS HIS PA	8. OCCUPATION	The AUSE OF DEATH* was as follows	,
5 E 150	(a) Trade, profession or the particular kind of work	Still auth. The	reule
YK –	(b) General nature of in- lustry, business or estab-	frem	
AER I	lishment in which employ- ed (or employer)		
P A S	9. BIRTHPLACE Lui Aul Co Ser voy.	(Duration)Yrs.	mosds.
RGII UNFA pplied.	(State or Country) Zum Fall Sla	Contributory(Secondary)	
- 20 EU	10. NAME OF B D L	(Duration)yrs.	ds.
M. WITH	Lane 10 Kretter	(Stomes) See	M D
iner".	11. BIRTHPLACE OF FATHER	(Signed)	et & la
INE.	(State or Country) No . Dank	7-14.195 (Address) Aux	\(\frac{1}{2} = \frac{1}{2} =
PLA ould perly	12. MAIDEN NAME OF MOTHER	*State the Disease Causing Death; or in deaths (1) Means of Injury; and (2) whether Accidental	from Violent Causes, state , Suicidal or Hemicidal.
IITE n sh	Cha paraca	18. LENGTH OF RESIDENCE (For Transients or Recent Residents.)	Hospitals, Institutions,
WRI'	18. BIRTHPLACE OF MOTHER	At place In the	
if for a	(State or Country) NO War	of deathyrsmosdays. State	yrsdays
of in	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
item	(Intermant)	Former or usual residence	
.—Every itt ain terms,	(Address)	19. PHACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Even	15.	Buhl da	19
B. Indian	L1164 74 44 44 44 44 44 44 44 44 44 44 44 44	20. UNDERTAKER	ADDRESS
z ŧ	LOCAL REGISTRAL SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088		

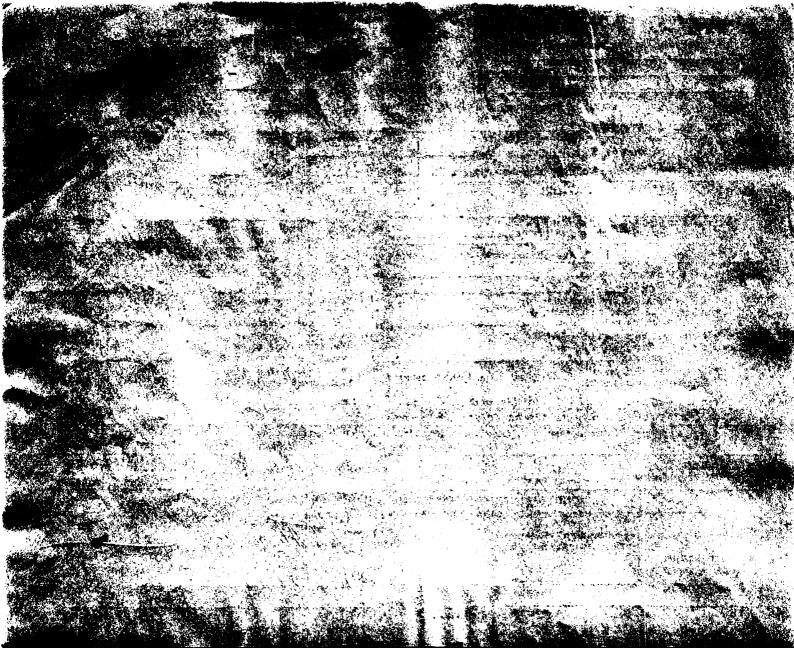
A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......(name or gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

City No.	un Fall			of vital st ICATE OF		4723
au.	Stend. Aron		District No.	37 - s	ate File No	<b>.</b>
(If born in	hospital or institution give i	name.) Prim. Regi	stration District No	1085 L	ocal Registrar's No	837
	NAME OF CHILD.	4	Buke to	28	Pool	
			7 //		8. Date of	
8. Sex	If plural \( \) 4. Twin, triple	· ./1	Premature 7. L	egiti-	birth /	3., '\$\$
1	(5. Number, in	order of birth	Full term n	iate? Hes	(Month, Day	Year)
9. Full name	FATHER		18. Full	MOI	HER	
	lunce man	- Parl	maiden name	el f	to Aa	
	nce (usual place of abode)	When Aal	19. Residence (usus	il place of abo	de)	
	n-resident, give place and Sta		(If non-reside:	nt, give place	and State	
11. Color o	r race / 12. Age at		rs) 20. Color or race	4 21.	Age at last birthday	24 (year
13. Birthpla	ace (city or place) Tax	rueu	22. Birthplace (city		***************************************	
	te or Country)	Carolina		untry)		and
	le, profession, or particular	Taldier	23. Trade, profe			
Sawy	of work done, as spinner, ver, bookkeeper, etc.	considera Jaca	typist nurse	ne, as houseke	malana	1. Obs
E 15. Indu	stry or business in which	7	24. Industry or	husiness in v	phich	
≪ more	r was done as silk will		IV. MOLE MES GO	TE, AS UWIL HOL	10, 4	
5 sawn	nill, bank, etc.	govt	11 12 1	e, silk mill, et	c. Office	
8 16. Date	nill, bank, etc	tal time (years) spen	25. Date (month		26. Total time (year	wal amont
O PAST	anguiged in this work	· <del>.</del>	last engaged	in this work	•	
	July 1935 in	this work 12 44	J Oct		in this work	& yes
27. What	prophyla tic was used to pre	vent Ophthalmia Neor	natorum?			
28. Number	r of children of this mother	(At time of this bir	th and including this c	hild)		
		(a) Born alive and n	ow living	rn alive but no	ow dead(c) Sti	llbornB
29. If stillb	orn	months		6	Before labor 4 2	2
period 4	of gestation	A.O. or weeks	30. Cause of Stillbin	rth	During labor.	-
					N	
	CERTIF	ICATE OF ATTENDI	NG PHISICIAN OR	WIFE	~ _	
1 hereb	CERTIF	rtn of this child, who w	(Born Aliva a suite	porn)	m. on the date a	.nove state
When t	there was no attending phys				1 (	
or midwife	, then the father, householder		(Signed)	examos SN		W.
should mak	te this return.	J	or . <del>-</del>			Midwi
	added from	'	152	0		, ELWWI
a suppleme	ental report(Dat	e of)	Address Lunu J	, - <del>-</del> -		
	\12au	- <del>-</del>	/ / / / / / / / / / / / / / / / / / / /	, 193 <i>.</i>	I MU	



STATE OF IDAHO
DEPTH MENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS DO NOT WRITE IN THIS SPACE County of Twin CERTIFICATE OF DEATH Registration District No. 37 Primary Registration District No. 2085 Local Registrar's No. 145 (No. Twin Falls County General Hospital)
(If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Baby Dupre Pool 1202--4Th Ave. East Residence. No .... (Usual place of abode) (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. vrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year July 231935 ed or Divorced (write the Female: White word) ,,,,,, 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced ...Stillborn ... 193.... to Stillborn ..... 193.... HUSBAND of (or) WIFE of I last saw h...alive on Stillborn 193...: death is said 6. DATE OF BIRTH (month, day, and )741v 23-1935 to have occurred on the date stated above, at .5.30 The principal cause of death and related causes of impor-If LESS than Months tance were as follows: 1 day .... hrs. Date of onset ...Death prior to delivery ..... 8. Trade, profession, or particular stillborn kind of work done, as spinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which . work was done, as silk mill, saw mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation (mo. and yr.) spent in this Other contributory causes of importance: occupation ...... 12. BIRTHPLACE (city or town) .. (State or country) Dupre Pool 13. NAME Name of operation...... None ........ Date of....... 14. BIRTHPLACE (city or town). Greenville What test confirmed diagnosis?.... Wonenere an autopsy?NO (State or country) DE 23. If death was due to exter'l causes (violence) fill in also Fasso Esther 15. MAIDEN NAME the following: Accident, suicide, or homicide?.... No Date of injury.., 193. Butte 16. BIRTHPLACE (city or town). Where did injury occur?..........None. Montana. (State or country) (Specify city or town, county, and state) Dupre Pool Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place.. Twin Falls. Ida DaJuly. 24 193..5 S.C. Phillips 24. Was disease or injury in any way related to occupation of deceased?...No If so, (Address) 20. FILED.

PERMANENT RECORD. Every item ated EXACTLY. PHYSICIANS show

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as svinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

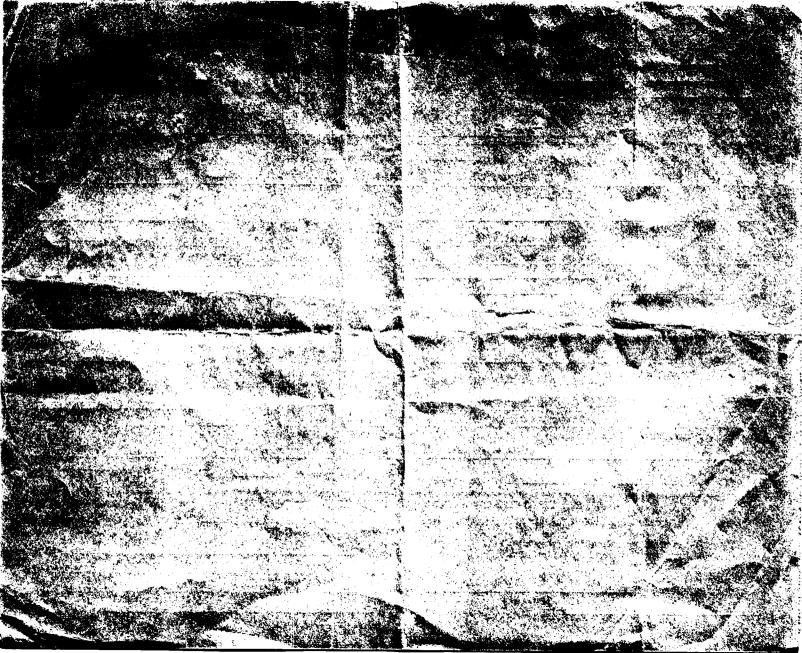
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EVANDIE II

DARIMI ED I		EXAMILEE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other CONTRIBUTORY CAUSES of importance:	1 1 1		
Gallstones	May 1, 1923	Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN			

1.689-118 FOOD -154 PLACE OF BIRTH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of SEP 12 1935 REC	EIVE DERTIFICATE OF BIRTH234865
140 St.	on District NoState File No
· · · · · · · · · · · · · · · · · · ·	distration District No. Local Registrar's No.
2. FULL NAME OF CHILD — 3	out if a second control of the second contro
3. Sex births {4. Twin, triplet, or other	birth 4 198.7
9. Full FATHER name / M. L.	18. Full MOTHER maiden name Constitution.
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race 2. 12. Age at last birthday 20 (ye	ears) 20. Color or race. While 21. Age at last birthday 12. (year
13. Birthplace (city or place)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
E 15. Industry or business in which	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spen
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) specific this work  in this work	
27. What prophylagtic was used to prevent Ophthalmia Ne	conatorum?
	oirth and including this child)  now living
29. If stillborn, period of gestation	30. Cause of stillbirth & Before labor.  During labor.
	DING PHYSICAN COMIDWIFE
I hereby certify that I attended the birth of this child, who	(Born Alive or Stiffforn) at m. on the date above state
When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Signed), M.
should make this return.  Give name added from	(Signed) , M. or L. J. J. J. J. J. Midw
a supplemental report(Date of)	Address
Registrar,	Filed Sept 10, 193.5 DR. ALVIN S. THURSTON COUNCIL, IDANO



N. B..-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

SEP 12 1935 RECE	TURE			
OLI IL 1999 RECE	IAFD			
PLACE OF DEATH D	EPARTMENT OF PUBL		DO NOT WRITE IN T	HIS SPACE
County of Chaus	BUREAU OF VITAL	STATISTICS		_
City of Hotel CI	ERTIFICATE O	F DEATH	State File No. 948	308
Reg	sistration District No	J.L		
Prir	mary Registration District	No	Local Registrar's No	104
Full NAME	io	ve its name instead o	of street and number)	o'o
(a) Residence. No.	chiele	***************************************	<b>@</b> •	
(Usual place of abode) Length of residence in city or town whe		(T#		nd state) yrs. mos. ds.
PERSONAL AND STATISTICA	L PARTICULARS	MEDICA	L CERTIFICATE OF DE	ATH ,
ed to ed	Single, Married, Widow- i or Divorced (write the	21. DATE OF DEA	ATH (month, day and year	N 18 193
5a. If married, widowed, or divorce		22. I HEREBY CI	ERTIFY, That I attended	deceased from
HUSBAND of (or) WIFE of			., 193,, to	, 193
6. DATE OF BIRTH (month day, a	nd year)	I last saw h &	halush	.: death is said
8 14 3	<u> </u>	11 -	on the date stated above,	-
7. AGE Years Month	Days If LESS than 1 day hrs.	tance were as f	se of death and related co follows:	Date of onset
	or min.		·/>-/	
8. Trade, profession, or particular kind of work done, as spinne	r.	Still	A Prom	. A.A.
9. Industry or business in which		J	•••••	.::es:hila .
work was done, as silk mill, saw mill, bank, etc			····	
10. Date deceased last work- ed at this occupation		Other contribute	ory enuses of importance:	
	Had will Sala	<b>.</b>		
12. BIRTHPLACE (city or town).	5.44.0000	unhan	<b>u</b>	
13. NAME COM AN LL	. <del></del>	`∦		.
	<u> </u>	Name of operation	n	Date of
	/ · · · · · · · · · · · · · · · · · · ·	What test confirm	ed diagnosis? Was then	e an autopsy?
15. MAIDEN NAME	duus.	the following:	Tue to exter'l causes (viole or homicide? Date	
16. BIRTHPLACE (city or town) (State or acountry)	)	Where did injury	y occur?	
17. INFORMANT (Address)		Specify whether i	njury occurred in industry	•
18. BURIAL, CREMATION OR REM	IOVAL	public place Manner of injury	<b>A</b>	
Place Human	Date, 1935	Nature of injury.		
19. UNDERTAKER		24. Was disease o	r injury in any way relate	ed to occupation
(Address)	M Ann		9. If so, specify	16 12
20. FILED P. (.\u00e4	Registrar.		landolel	-Y. W. 1, H. D.
	itogisti di.	(22441656)		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

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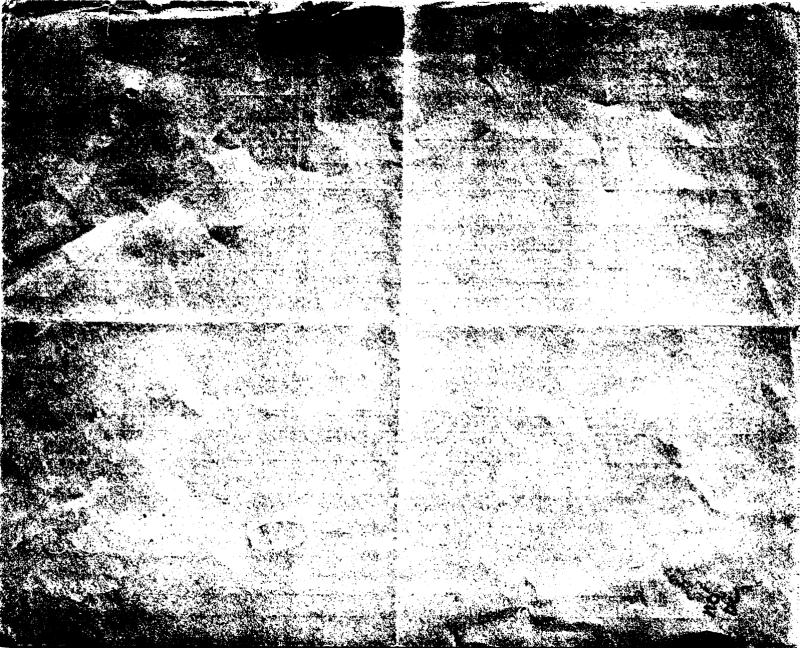
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	July 5, 1927 Peritonitis			
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			
	*				

RECORD.

INK



443-109405-522 PLAND OF BIRTH SEP 12 1935 RECEIVERANT OF PUBLIC WELFARE VERNEUM OF VITAL STATISTICS County of City of .... No. Registration District No. . State File No. Prim. Registration District No. 2049 Local Registrar's No. 20 (If born in hospital or institution (above name.) 2. FULL NAME OF CHILD. 8. Date of 7. Legiti-6. Premature... If plural (4. Twin, triplet, or other.....) hirth 🗸 births 5. Number, in order of birth Full terms mate? (Month, Day, Year) 9. Full **FATHER** 18. Fulf MOTHER name maiden name Okaratte Loneviene 10. Residence (usual place of abode) (If non-resident, give place and state) Mary 19. Residence (usual place of abode) (If non-resident, give place and State Theries 12. Age at last birthday 26 (years) 20. Color or race 21. Age at last birthday 2 (years) 11. Color or race. 13. Birthplace (city or place)... 22. Birthplace (city or place). and Mindrick athereun (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. .... 24. Industry or business in which duck [ 15. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. ...... lawyer's office, silk mill, etc. 0 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work... 27. What prophylactic was used to prevent Ophthalmia Reonatorum? (At time of this birth and including this child) 28. Number of children of this mother During labor..... 29. If stillborn. months 30. Cause of Stillbirth ...... or weeks period of gestation..... Before labor WITH Separa CERTIFICATE OF ATTENDING PHASICIAN DA VIDWIFE m, on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... Address chil (Date of) Registra Registrar.

Registration I. Secret No. Pin Kapitanja Dieder Be Lacon Leudauraes THE NAME OF CHILD Manager in moder of birth Man :erus a main gehian ogen I estated (usdai blace of tatal (11 your confers, give place and stages. Con its 12. Estimates (city of place) The Man Country 23. Trade profession, or mericular kon 4 Grado, Ecofestion of particular of work done, as hone capper, kind of word fone on splaner. souther, bonkkeeper etd to the transfer of the second second the cr or business in which torus trans are short more without straining rook, stc. lawyer's office all smill etc ... 25. Date (month and year) Ditte Date (month and year) done (exact this work it Total that there is specially had engraed in this work 28 Total time ignaral and ro in the state work ..... the state was shell to be event oditablished shows or and This of the control of the mother . (At time at this birth and including the child) (al-Bart silve and now little A. (b) Born silve but now doed & . tet beilbour Thuring boom 30. Cause of Studenta ... Solution M. Det las CHENTER OF LITERACING PIL SURES ME TIMETE the brook such and no on the desired the second Liverity agency that I attended the birth of this child who was lytica there was no attending physician or militaries them the father hospitalists of Strong wells this reserve. active music added from ... trops in the continues of (To well)

SEP 12 1935 RECEIVED STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE/OF DEATH State File No..... CERTIFICATE OF DEATH Registration District No... Local Registrar's No. Primary Registration District No. in titution, give its name instead of street and number.) 2. FULL NAME...... (a) Residerice No. (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed. 16. DATE OF DEATH COLOR OR RACE or Divorced (write the word) (Month (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, What I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) than 1 day. 7. AGE Years Months Days and that death occurred, on the date stated above, at..... The CAUSE OF DEATH\* was as follows: min 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry business, or establishment in which employed (or employer) CONTRIBUTIORY (c) Name of employer (Secondary .....(duration) . 9. BIRTHPLACE (city or town). 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?... Was there an autopsy? 11. BIRTHPLACE OF FATHER (city or town) What test confirmed altagno (State or Country) item of in AUSE OF \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or to (State or Country) 19. Place of Burial. Cremation, or Removal Date of Burial state is very Informant (Address) ST. Mario Undertaker Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

A.75	693-110-005-115	30.0	
than	1. PLACE OF BIRTH	STATE OF IDAHO	
	County of Benewah 1935 1835	BURLAU OF VITAL STATISTICS	
of more	City of Alexand	CERTIFICATE OF BIRTH = 234992	
р. С	No St.	46 5 3	
case o	Registration Dis	strict NoState File No	
r of o	give name.)	on District No. 2/23 Local Registrar's No. 36	
N. B. In ord	2. FULL NAME OF CHILD UM MAMES	Wilson	
	(4 Train triplet or other X		
each,	34.	birth Cuy / (1933)	
REC of	9. Full FATHER	Il term mate? MOTHER MOTHER	
. 71	name 💋 🕖 . 7/	maiden / O O	
ENT R number	Robert Henry Wilson	19. Residence (usual place of abode)	
	10. Residence (usual place of abdde) (If non-resident, give place and State)	(If non-resident, give place and state)	
PERMAN h, and the	11. Color or race 12. Age at last birthday 2 (years)	20. Color or race Late 21. Age at last birthday (years)	
A PE	13. Birthplace (city or place)	22. Birthplace (city or place) - Clost (State or country)	
IS I	14. Trade, profession, or particular	23. Trade, profession, or particular kind of work done, as housekeeper,	
S I	kind of work done, as spinner, sawyer, bookkeeper, etc.	z typist, nurse, clerk, etc	
THIS made	F 15. Industry or business in which	$\subset$   24. Industry or business in which	
	a war in the state of the state	work was done, as own home, lawyer's office, silk mill, etc.	
子も	Sawmii, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years)	25. Date (month and year) last	
E In	engaged in this work 17. I otal time (years)	o engaged in this work 26. Total time (years)	
ZZ	aug 10 1930 spent in this work 10	(mg/0, 195) spent in this works	
UNFADING INK late Return must	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living		
	20 If will am (months	Before labor Z	
SEPA	CERTIFICATE OF ATTENDING	G PHYSICHAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who wasat m. on the date about			
S 된	( When there was no attending physician )	(BORN MATTER OF STILLBORN)	
	or midwife, then the father, householder, etc., should make this return.	igned) C. C. Garden M. D.	
PLAINLY ild at birth	Give name added from	Isterfalling Dhysideff & Turgen Midwife	
	a supplemental senort	dress Lekon wash.	
Eal	(DATE OF)	2 11 - The Allerta	
WRITE one c	Registrar.	Registrar.	
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Chick Star Line Inc.

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2. FULL NAME ho Named Wellson  (a) Residence. No	State File No. 23  Local Registrar's No. 23  of street and number.)  If nonresident give city or town and state) S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  MEDICA  3.SEX  4. COLOR OR BASE 5. Single, Married, Widowed, or Diverged (write the word)  21. DATE OF DEATH	AL CERTIFICATE OF DEATH
	(month day, and year) (193 5) ERTIFY, That I attended deceased from
THEREBY CI	193 5 10 0 9 10 , 193.5
5a. If marted, widowed, or divorced HUSBAND of (or) Wife of	on 193; death is said
	the date stated above, at
The state of the s	2La:
kind of work done, as spinner,  sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (menth and year)  Other contributory	causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
Name of operation	Date of
HILLSON  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. NAME  16. What test confirmed do  17. What test confirmed do  18. NAME  19. What test confirmed do  19. State or country)  19. State or country  10. State or country  11. NAME  12. NAME  13. NAME  14. BIRTHPLACE (city or town)  15. State or country  16. State or country  17. State or country  18. State or country  19. St	liagnosis? Was there an autopsy?
25. If death was did to	exter's causes (violence) all in also the following:
15. MAIDEN NAME (voted the control of the control o	omicide? Date of injury 193
Where did injury oc.  (State or country)  17. INFORMENT (Address)  Where did injury oc.  Specify whether injury place.	(Specify city or town county, and State) ry occurred in industry in home, or in public
16. BIRTHPLACE (city or town) Wash  (State or country)  17. INFORMENT  18. BIRTHPLACE (city or town) Wash  Specify whether injust  place.	y occurred in medical, in nome, or in public
Manner of injury	
Ly Worth of injury	
Place	ry in any way related to occupation of deceased?
(Address)  20. FILED Q 15, 1935 Find a Roberts (Signed)  Registrar.  (Address)	Essa, Wash,

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

EVAMPIE I

8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

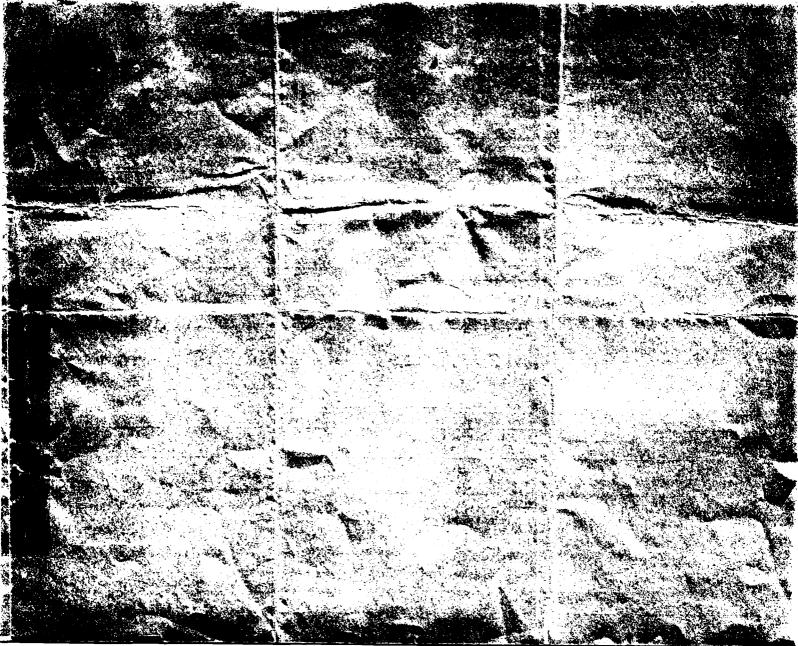
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE 1	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

819-215-005-238 LENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. city of ne CERTIFICATE OF BIRTH Registration District No. State File No. .. 2/23 Local Registrar's No. ... (If born in hospital or institution give name.) Prim. Registration District No. .... 2. FULL NAME OF CHILD ZUUN ances 8. Date of 6. Premature 4. Legiti-If plural (4. Twin, triplet, or other..... birth acce 3. Sex births 5. Number, in order of birth Full term mate? (Monthy Day, Year) PERMANENT RECORD 9. Full FATHER 18. Full MOTHER name maiden uas name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State). 11. Color or race 22 | 12. Age at last birthday 2 (years) 20. Color or race 23. 21. Age at last birthday. 22. Birthplace (city or place) (State or Country) [14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, sawyer, bookkeeper, etc. .... typist, nurse, clerk, etc. ... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. \_\_\_\_\_\_

16. Date (month and year)
last engaged in this work sawmill, bank, etc. lawyer's office, silk mill, etc. 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work LKK in this work... in this work ..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... UNFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 200 (b) Born alive but now dead (c) Stillborn.... During labor.... 29. If stillborn. months period of gestation. 30. Cause of Stillhirth or weeks Before labor... CERTIFICATE OF ATTENDING PHAS m, on the date above stated. I hereby certify that I attended the birth of this child, who was..... When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from a supplemental report..... Address ... (Date of) Registrar.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scruant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

#### The principal cause of death and related causes The principal cause of death and related causes of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1, 1923 Gastroenteritis

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

E. S. GOVERNMENT PRINTING OFFICE: 1000

SEP 9 1935 RECKIVED PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELF County of. BUREAU OF VITAL STATISTIC City of CERTIFICATE OF BIRTH \_State File No. \_\_\_\_ Registration District No. ..... Prim. Registration District No. 2150 Local Registrar's No. 42 (If born in hospital or institution give name FULL NAME OF CHILD.... ä 6. Premature m. 7. Legiti-8. Date of If plural (4. Twin, triplet, or other.... births 5. Number, in order of birth Full term. mate? (Month, Day, Year) PERMANENT RECORD. A Full FATHER/ 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 119. Residence (usual place of abode) (If non-resident, give place and State) .... (If non-resident, give place and state) 11. Color or race while 12. Age at last birthday 24 (years) 20. Color or race 21. Age at last birthday (years) the 13. Birthplace (city or place). 22. Birthplace (city or place)...[... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last exgaged in this work 26. Total time (years) spent last engaged in this work in this work..... in this work... 27. What prophelactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn. 29. If stillborn. months 30. Cause of Stillbirth Separate period of gestation. or weeks Before labor.... nausverse CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was born always atd. A. m. on the date above stated. (Born Alive or Stillborn D When there was no attending physician or midwife, then the father, hoseholder, etc., (Signed) .... should make this return. Give name added from child a supplemental report..... Address (Date of) Registrar

BUREAU OF VITAL MATETUR HITTINE OF BIRTH State Pae No. Markettan District No. To prove the plant of material and the form the farmer of the section of the sect LEST MARKE OF CHILD A Franch A Twon, tright, or other 10. reactured 22 - 1. Legist. FATHEL HOT W testidence a dural plate of pende (applied of the late of a force) (Et nec-realist silve place and State) where the transfer of the particular and the particular of the par Statistings (city or place) ..... The same of the sa (State or Country) vetanthe ou constant of the Bride participation of confidence observed THE RESERVE THE PARTY OF THE PA Landpeur or business in which work was done as even home, same haver's office sill milk, ste List, Date (mouth such reach They bris distant news ? Total time (rears) sees. had engaged in this wire and tolks those fromme securi drow still or it to the work What prophilisable west and to provide Continuous Regue beauty in this work a section (at time at this birth and inciditive this cast is hes Not ber of childen of this mither fair Horn alive and now living \_\_\_\_\_ (a) Been alive but now done . (c) Sull time The factor of the state of the ediron " to Cause of Stilloute DE WACKS CHITCHIAN OF ATTIONING PLANTING OF STADIOTED I have by entity that I attended the while of this could who was Man on the date shore store Tech Alive of Children When the term of letter manhouse providing my (horals) יותושי בינוני ולה ופונות Give third edded from ELBING CONTRACTOR Commence:

State File No..... Registration District No ... Primary Registration District No. ocal Registrar's No (If death occ hal or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SE 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and fourth HEREBY CERTIFY, That I attended deceased from If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF MATH (month, day, and to have occurred on the date stated an 7. AGE Months The principal cause of death and related causes of impor-If LESS than tance\_were as follows: hrs. Date of onset 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this contributory causes of importance: (mo. and yr.) ..... occupation . . 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or to (State or country) What test confirmed diagnosis?.... Was there an autopsy? 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or where did injury occur?..... (State or country (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ........ 18. BURIAL, CREMA Manner of injury. Nature of injury... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased? (Signed) Registra

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
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nd related Date of onset:  1 week ago
1 week ago
1 week ago
3 days ago
portance:  1 year
N
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753-216-011-69 SEP 9 1935 RECEIVED STATE OF IDAHO PLACE OF BIRTH RITMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS City of Land CERTIFICATE OF BIRTH 235174 No. .. Registration District No. 79 \_\_\_\_State File No. \_\_\_ Prim. Registration District No. 2/5 Local Registrar's No. (If born in hospital or institution give name 2. FULL NAME OF CHILD..... 8. Date of 7. Legiti-If plural 4. Twin, triplet, or other..... 6. Premature.... birth hirtha Full term. mate? Month, Day, Year) 5. Number, in order of birth... RECORD. MOTHER 9. Pull FATHER lis. Fuli name maiden Shaurene name Uuu 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Lonners January (If non-resident, give place and State) 11. Color or race Aut | 12. Age at last birthday... 2. (years) 20. Color or race 27. Age at last birthday. 20. (years) 22. Birthplace (city or place) 13. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ... sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. .... lawver's office silk mill, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work INK in this work ...... 19...... in this work..... ā 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn WITH UNF! Before labor..... 29. If stillborn. months 30. Cause of stillbirth..... or weeks period of gestation..... During labor..... CERTIFICATE OF ATTENDING ATTAIC OR MINOWIFE I hereby certify that I attended the birth of this child, who was đ (Born Alive or AINL) birth When there was no attending physician (Signed) .... or midwife, then the father, hoseholder, etc.. should make this return. Midwife Give name added from child Address WRITE one child a supplemental report.... (Date of) 70 Filed . Registrar.

TARREST WOLTDARD SAN Registrucian District Mor ...... Siete His Ivo. Print Resettation (1961) And Advantage of Local Reclarers the act in the fall whatter ion with the Mano yn Dies Laipt 2 langual A From religion or other 8 Properties ... Togethidiffide the Number in order of birth .... drawn vest discille MOTHEOM Street Lange (chinds to some these) where of thurse) totade to chair teres some had die If non-easylett sire phica and States the dup-reliated give place and State better reterary was valuable mail to but. It Politic or more of the large at last birthday, and transfil a Color or run - All the place (elly on place) the feet of the country o (Stude or Counter) (Mister of Country) 22. Trade, profession, or particular films d Track profession or particular of while long, as havsekeeper, kind of work there; se apparer, theis curse clerk star hand Shweer bookkerper atc. deline al consists to vession 13 The Industry or business or which was done, as cree hume. With the dance day silk is the alls at allie polyto grasswal the Anna Markey France (would and year) dest current of this work 17 Total time tyears track the dinoma steel all hast cagaged an case vork 170 of Total Area Areana Land in this work in this work. Sales of the property to the page of the page of Opinhalman Assault prime F. 22 Michael of children of this mother At time of this Britishing including this shift ... ... room statisff racuths. mouthite M. 34 (bease of stillishing OF WEEKE and the second The second the second of th CERTIFICATE OF ATTENDING APPRICAGE OR MUNICIPAL Thereby partify affer E altended, the blick of this chies who was date over sice odi co m b CONTRACTOR SOCIATION ASSE When there was no attending physician w Sking ! midwide then the father, hoseholder, one. 的战事数2. Record mutes this potent. meat believe early sets ANDRES CHARLEST PROPERTY

SEP 9 1935 RECEIVE ATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE County of Boundary BUREAU OF VITAL STATISTICS City of Bonners Ferry State File No.... Registration District No...... Primary Registration District No. 2156 Local Registrar's No..... RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Baby Peterson (If nonresident give city or town and state) (Usual place of abode) Longth of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month ed or Divorced (write the wordstillborn White 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on .......... 198...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at .....m. The principal cause of death and related causes of impor-7. AGE Years Months If LESS than Dava tance were as follows: Date of onset 1 day .... hrs. Stillborn or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation (mo. and yr.) spent in this Other contributory causes of importance: occupation ...... 12. BIRTHPLACE (city or town). Bonners. Ferry... (State or country) Idaho FATHER Harry Peterson 13. NAME Name of operation...... Date of...... Harrison 14. BIRTHPLACE (city or town)... What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also HOTHER 15. MAIDEN NAMEMOOYERE WIG the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town) St. Joseph OF shoul Where did injury occur?.... state CAUSE O OCCUPATION (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT Harry Peterson information (Address) Ferry. WRITE 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... PlaceBonners, Ferry... Date JULY 1.7195 Nature of injury..... related to occupation 24. Was disease or injury in any was 19. UNDERTAKER H. of deceased?..... (Address) A Bonners (Signed) 20. FILED (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

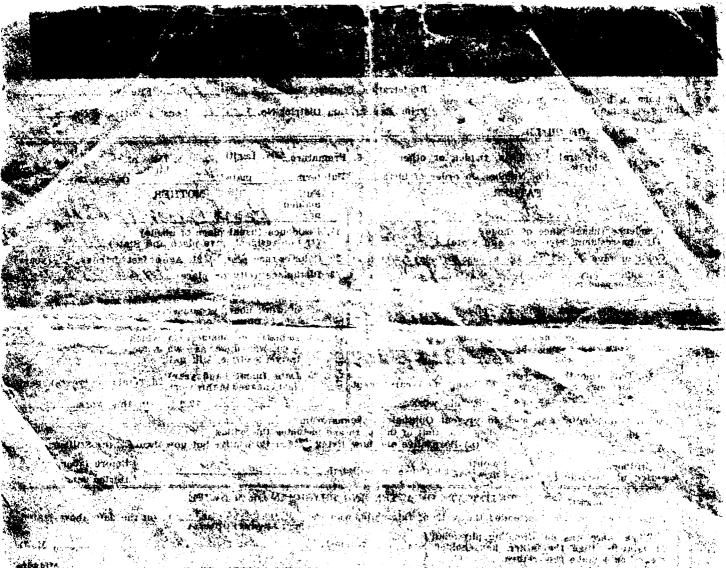
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	

TARRED TO TOAR MIT OF PUBLIC VILLFARE County of ... U OF VITAL STATISTICS City of .... UBETIFICATE OF BIRTH Registration District No. \_\_\_\_\_State File No. \_\_\_\_ (If born in hospital or institu-Prim. Registration District No. 2/8 (Local Registrar's No. tion give name.) FULL NAME OF CHILD ... blural 8. Date of births birth... RECORD. 5. Number, in order of birth..... Full term..... mata? 9. Full FATHER 18. Full MOTHER maiden name 10. Residence (usual place of above) 19. Residence (usual place of abode) (If non-resident, give place and State). Chow Į, (If non-resident, give place and State) 11. Color or race. 11. 12. Age at last birthday 1. (years) PERMIANI each, and 13. Birthplace (city or place) Birthplace (city or place). (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, of particular kind of work done, as housekeeper talke kind of work done, as spinned nawter, bookseeper, etc ZELISMIRO typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as work was done, as own home. lawyer's office, silk mill, etc. .... sawmill, bank, etc.... 25. Date (month and year) 26. Total time (years) spent ğ 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK. in this work. in this work..... FADING Return 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ....(b) Born alive but now dead .....(c) Stillborn .... months Before labor.... 29. If stillborn. or weeks 30. Cause of stillbirth... period of gestation. 4.1..2 During labor..... WITH CERTIFICATE OF ATTENDING PHYSICAL I hereby certify that I attended the birth of this child, who was to be A. m. on the date above stated. INLY When there was no attending physician / or midwife, then the father, householder, TE PLAI etc., should make this return. Give name added from a supplemental report..... Address Filed..... Recistrar. Commence of the first of the state of the st



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	WE DO TOOK DECE	ALLALLA CONTRACTOR	***	• -	
ľ	AUG 23 1935 RECE	STATE OF IDA		DO NOT WRITE IN T	HIS SPACE
		DEPARTMENT OF PUBL	IC WELFARE	1	
3	DI ACE OF DEAMH	BUREAU OF VITAL S	TATISTICS	State File No9	4985
5	PLACE OF DEATH	CERTIFICATE OF	DEATH	Boate 1110 1101	
Š	County of	Registration District No	118		
	city of Challes	Registration District No	716	# Tool Per	distrar's No. 174
		Primary Registration District	No	Local Reg	
Î		(No		)	
F. P. F.	(If death occ	curred in a hospital or institution, give	its name instead	of street and number.)	2_0 V
25 8	2. FULL NAME	try Mackle			
EXACTI classified on back			/ St		
3 5 8 B	(a) Residence. No(Usual place of abode.)	The second secon		(If nonresident give Cit	ty or town and State.)
7 ± 5	Length of residence in city or town where	death occured. yrs. mos.	da. How long	in U. S. if of foreign birth?	
i de ta	PERSONAL AND STATISTIC	AT PARTICULARS	<u> </u>	MEDICAL CERTIFICATE OF	DEATH
Sta Co		5. Single, Married, Widowed,	TO DAME OF	DEATH	
K 호 호 급	8. SEX 4. COLOR OR RACE	or Divorced (write the word.)	16. DATE OF		12.75
	Temale while	Grand Town		(Month)	ay (Year)
E SE	5a. If married, widowed, or divorced			Y CERTIFY, That I attended de	ecessed from
5 = 1	HUSBAND of (or) WIFE of	of f.	11		
	(61) WILL 11	1 vom		, 19, to	
S & S &	6. DATE OF BIRTH (month, day and year)	guly 4-1935	that I last sav	w h alive on	, 19
E S	7. AGE Years Months	Days If LESS than 1 day,	and that de	ath occurred, on the date state	d above, atm.
E B C		Prematinamin.	*State the D	ISEASE CAUSING DEATH, or	in deaths from VIOLENT
4 6 5 A	8. OCCUPATION OF DECEASED		II whether ACUL	DENIAL, SCIOIDAL, or HOLE	ICIDAL.
	(a) Trade, profession, or		The CAUSE O	F DEATH* was as follows:	1 Schatt
2 H 4 C	particular kind of work		DNU	Tenor com	19 Duy
	(b) General nature of industry,		This C	Lite and at	apod
H 8 1 2	business, or establishment in which employed (or employer)		1	1 1 1	
R SED	(c) Name of employer		6 m	gestalion	
H TO TO	o pypowypy a GP (site on Assert)	hallin oldahu	1	(duration)	yrsmosds.
D S T	9. BIRTHPLACE (city or town) (State or country)	A.6.	CONTRIBUTY	ORY	
H 49 4	A THE PARTY OF THE PROPERTY AND A PARTY OF THE PARTY OF T	4	(Secondary	·)	
NFA ation USE temes	10. NAME OF VATHER	luce		(duration)	yrsas.
UNFA rmation CAUSE statemen	a comment of the comment	Marial Folg:	18. Where w	as disease contracted place of death?	
1 6 2 £	11. BIRTHPLACE OF FATHER (gity	or town)		tion precede death? I	
Eğşş	11. BIRTHPLACE OF FATHER (gity (State or Country)	Johnny Tollow		autopsy?	
E T # N	12. MAIDEN NAME OF MOTER				
LY, em c ould	Pearlance The	Cherry has	II	onfirmed diagnosis	M D
F 1 2 2	13. BIRTHPLACE OF MOTHER (city (State or County)	or town)	(Signed	) Ja	halles, Ida
4	(Beate of County)	netranka		·	
P.	14. Informant albert C.	2 klay	19. Place of	Burial, Cremation, or Removal	
	Informant (Address)	Ehelled Locks	ch	elly Idals.	July 4 150 6
WRITE PLAINL N. B.—Every itel sho			20. Undertak		Challing La
ĕż	15. Filed Take 7 1935	Registrar.	·	Free-il-	Challie Le
		Ivegiotidi.			
		/			

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive Engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in. industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Saleman. (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer," etc, without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal Mine etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children not gainfully employed, as At school or At Home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH(the primary affection with respect to time and causation), using always the same ac-

cepted term for the same disease. Examples: Cerebro spinal fever (the only definite synonym is "Epidmic cerebrospinal meningitis"); Diptheria (avoid use of "croup"); Typhoid Fever (never report Typhoid pneumonia"); Lobar Pneumonia; Bronchopneumonia ("pneumonia," unqualified, is indefite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping Cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anaemia" (merely symptomatic) "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart Failure." "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL Septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull and consequences (e.g. sepsis, tetanus) may be stated under the head of "Contributory."

**DUTY OF LOCAL REGISTRARS**—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of each death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAMO PLACE OF BREZE N. B.—In case of more than each, in order of birth stated DEPARTMENT OF PUBLIC WELFARE County of ..... BURBAU OF VITAL STATISTICS City of 5 Bail CERTIFICATE OF RIRTH No.... & State File No. Registration District No. .... (If born in hospital or institu-Prim. Registration District No. ......Local Registrar's No...... tion give name.) 2. FULL NAME OF CHILD ...... 4. Twin, triplet, or other.......... 8. Premature 2 7. Legiti-8. Date of [f plural 3. Sex hirth births 5. Number, in order of birth..... Full term..... mate! RECORD. number of 18. Full MOTHER 9. Full FATHER maiden name name 10. Residence (usual place of abode) 19. Residence (nanal place of abode) ليسهما the T (If non-resident, give place and State)..... 11. Color or race. 12. Age at last birthday 40. (years) PERMANE each, and 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawver, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. ... sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work 19 J.J. in this work...... in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNITADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 4. (b) Born alive but now dead. ... (c) Stillborn ..... Before labor. months comecks 30. Cause of stillbirth...... 29. If stillborn. During labor..... period of gestation. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Midwife Give name added from a supplemental report..... Registrar.



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TATE OF ID.	AHO
PLACE OF DEATH OF PUBL	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of County	DEACO 1
City of May Plumon CERTIFICATE O	F DEATH State File No. 30030
Registration District No	' /////
Primary Registration Distric	,
(No	va its name instead of street and number)
2. FULL NAME Saley Sumpt	W. Y
(a) Residence. No	St,
Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs, mos. ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4 Color or Page 5 Single Manual Wildow	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) 4 1935
5a. If married, widowed, or divorced	22, I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	200.99, 193.5, to
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said
7. AGE Years   Month   Days   If LESS than	to have occurred on the date stated above, atm.  The principal cause of death and related causes of impor-
7. AGE Years Months Days If LESS than 1 day hrs.	tance were as follows:  Date of onset
or min.	
8. Trade, profession, or particular kind of work done, as spinner,	
sawyer, bookkeeper, etc	Will worm aug 9, 18
work was done, as silk mill,	
sawyer, bookkeeper, etc	
ed at this occupation spent in this occupation occupation	Other contributory causes of importance:
	<b>1</b>
12. BIRTHPLACE (city or town)	Ceclampin in
	macher
13. NAME WM Ay. Samples.  14. BIRTHPLACE (city of town). M. a. Cyrs  (State or country)	Name of operation
[State or country]	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gertha a Potter  16. BIRTHPLACE (city or town Mills ala  (State or country)	23. If death was due to exter'l causes (violence) fill in also the following:
16. BIRTHPLACE (city or town Milly al.	Accident, suicide, or homicide? Date of injury, 193.
(State or country)	Where did injury occur?
17. INFORMANT Milliam Francisco	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury
Plac Midvale. Isla Date Rug 12 193 J	Nature of injury
19 UNDERTAKER Shew C. Landlu	24. Was disease or injury in any way related to occupation
(Address) Family John -	of deceased? If so, specify
20. FILE WA 10. 1985 RO. War away	(Signed)
Registrar.	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Ouestion 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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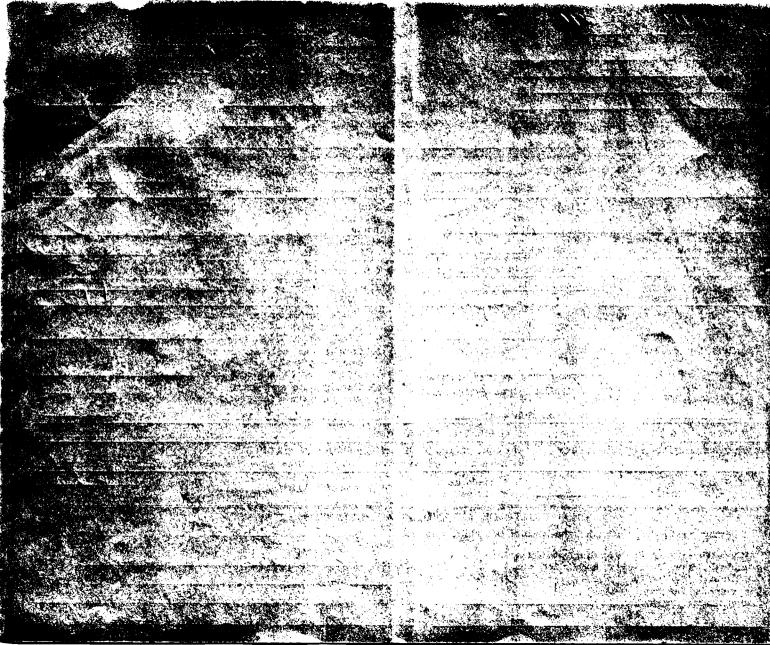
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular lar kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineers neer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	•
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTE	HER STATEMENTS BY PHYSICIAN	

25/-11/1023-691 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Herry BUREAU OF VITAL STATISTICS 235342 City of small CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_State File No. \_\_\_\_\_ (If born in hospital or institution give come Prim. Registration District No. Local Registrar's No. 2. FULL NAME OF CHILD 1829 8. Date of If plural Co Fwin, triplet, or other 6. Premature 7. Legiti-8. Sex birth 8 - // 1935 births 5. Number, in order of birth..... Full term..... mate? ...C (Month, Day, Year) 9. Full 18. Full MOTHER. FATHER name 6 maiden name 10. Residence (usual place of abode) 19. Residence (metal place of abode) (If non-resident, give place and State) New Mummer (If non-resident, give place and State) New Purment 11. Color or race. N | 12. Age at last birthday 44 (years) 13. Birthplace (city or place). Chambersburg 22. Birthplace (city or place) Chambuster (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Jam of work done, as housekeeper, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. work was done, as silk mill. made sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work in this work 20 in this work all life 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. 4. (b) Born alive but now dead (c) Stillborn 29. If stillborn. months Before labor 30. Cause of stillbirth Knack... period of gestation..... or weeks During labor..... CERTIFICATE OF ATTENDING PHASICIAN OF ACOMIFE I hereby certify that I attended the birth of this child, who was (Roberts of Still When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... (Date of) \_\_\_\_\_\_, 193,**\_\_\_**\_\_\_ Registrar.



PLACE OF RESTE STATE OF IDAHO N. B.—In case of more the each, in order of birth state County of Jda DEPARTMENT OF PUBLIC WESTARD BUREAU OF VITAL STATISTICS City of ...... CERTIFICATE OF RIRTH t No. 106 (If born in hospital or institu-Prim. Registration District No.2.184 Local Registrar's No... tion give name.) 2. FULL NAME OF CHILD ... 4. Twin, triplet, or other.......... 6. Prematura 7. Legiti-(f plura) 8. Date of 3. Sex birtha birth.... 5. Number, in order of birth..... Full term RECORD. mate?. 9. Full FATHER 18. Fp11 MOTHER name maiden name 19. Residence (usual place of shode) 10. Residence (usual place of abode) (If non-resident, give place and State) Centus PERMANENT (If non-resident, give place and State)\_\_\_\_\_ 20. Color or race 21. Age at last birthday. 13. Birthplace (city or place) Possessoy - Wol 22. Birthplace (city or place). (State or country) (State or country) esch, 14. Trade, profession, or particular Ruley kind of work done, as spinner, 23. Trade, profession, or particular kind of work done, as housekeeper, for CUPATION NOIL typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which made work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc. last engaged in this work 17. Total time (years) spent must be Date (month and year) last engaged in this work
 Total time (years) spent 16. Date (month and year) in this work. <u>, 7 19,5 5 </u> in this work 27. What prophylactic was used to prevent Ophthalmia Neonatoruta? WITH UNFADING & Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... months Before labor..... 29. If stillborn. or weeks 30. Cause of stillbirth.... period of gestation / Zera During labor..... CERTIFICATE OF ATTENDING PHYS. JAN GROUDWIFE at S.4 m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... child in (Date of) ... 198.6 ... Im Ye Registrar.

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STATE OF IDAHO CORD. Every item of PHYSICIANS should DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ... 1 DEATH State File No ... Registration District No..... Local Registrar's No......39. Primary Registration District No.... RECORD (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from married, widowed, divorced or HUSBAND of (or) WIFE of 6. DATE OF BIRTH 193...: death is said (amonth to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGÉ Years Days If LESS than tance were as follows: Date of onset 1 day ... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw 'mill, bank, etc ..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (nio. and yr.) occupation 12. BIRTHPLACE (city or tow (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE/ 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town)? Where did injury occur?..... state CAUSE O OCCUPATION (State or country (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, OR REMOVAL CREMATION Manner of injury..... Da Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?... (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

L9 1935 RECE PLACE OF BURETE -In case of more than in order of birth stated MENT OF PUBLIC WILLIARS 235559 City of Gel CERTIFICATE OF BIRTH Registration District No. (If born in hospital or institu-Prim. Registration District No. .....Local Registrar's No...... tion give name.) 2. FULL NAME OF CHILD ..... N d 7. Legiti-[f plural 4. Twin, triplet, or other......... 6. Prematures 8. Date of births birth.... number of 5. Number, in order of birth..... Full term. mate: 9. Pull FATHER 18. Full MOTHER maiden 🎿 name name Residence (usual piace of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the 20. Color or racelland 1. Age at last birthday. 11. Color or race Little 12. Age at last birthday 15 (years) 13. Birthplace (city or place) 22. Birthplace (city or place)... (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper Macueu kind of work done, as spinner, made for e typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as own home. lawyer's office, silk mill, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) must 6-20-0 - 40 1935 in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5.(b) Born alive but now dead 2.(c) Stillborn months 29. If stillborn. or weeks 30. Cause of stillbirth. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSIC I hereby certify that I attended the birth of this child, who was m. on the date above stated. When there was no attending physician ! (Signed) or midwife, then the father, householder. 3 2 etc. should make this return. Midwife Give name added from ے ہم WRITE a supplemental report..... Address Filed..... Registrar.

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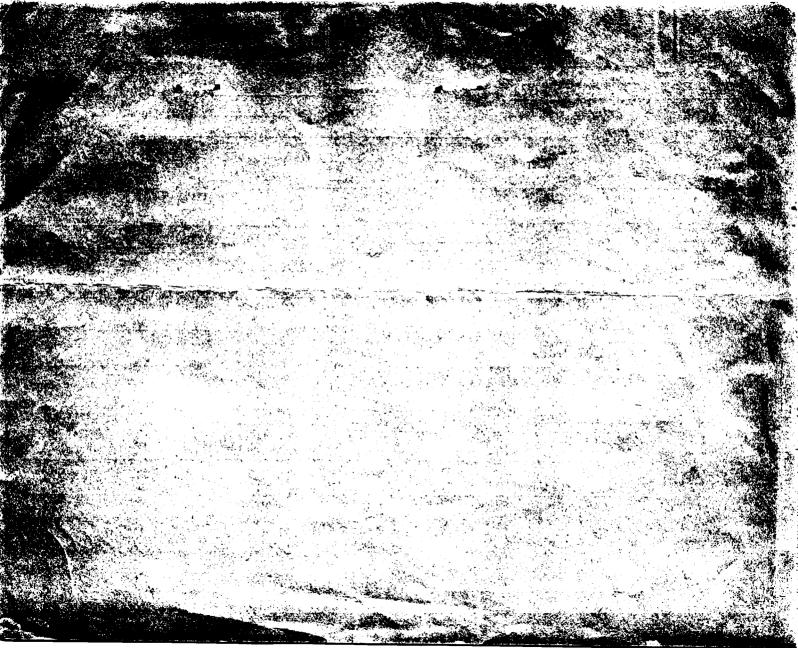
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County of	RURBAU OF VIPAL STATISTICS
Gg City of Wallace	CERTIFICATE OF BIRTH 235636
No. Canyon Que St	
Registration	District No. 20 State File No.
Registration (If born in hospital or institution give name.)  Prim. Registration	ration District No
2. FULL NAME OF CHILD Mary H	elen Pearson
If plural \( 4.\) Twin, triplet, or other	Premature Ulst. Legiti- 8. Date of birth uni 17, 1935
	ull term mate?(Month, Day, Year)
9. Full Pame C PATHER	18. Full MOTHER O
a red learson	name 79 olen Mc Rae
9. Full FATHER 10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race	
13. Birthplace (city or place)	22. Birthplace (city or place) M
	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
E 15. Industry or business in which work was done, as silk mill.	24. Industry or business in which work was done, as own home,
sawmill, bank, etc.  16. Date (month and year)  17. Total time (years) spent	lawyer's office, silk mill, etc.
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in this work 19 in this work 1	Present, 19 in this work
27. What prophylactic was used to prevent Ophthalmia Neona	torum? Chayrol
28. Number of children of this mother (At time of this birth	and including this child)
28. Number of children of this mother  (a) Born alive and nov	v living(b) Born alive but now dead(c) Stillborn
29. If stillborn, period of gestation	30. Cause of Stillbirth During labor
CERTIFICATE OF ATTENDING	
CERTIFICATE OF ATTENDING	PHYSICIAN OR THE DESCRIPTION ON the date above stated.
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should make this return.	Midwife
Give name added from	ddress Wallose, Jako
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STATE OF IDAHO RIMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Registration District No. Primary Registration District No. / Q// occurred in schospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) Length of residence in city or town where death occurred, yrs. PERSONAL AND STATISTICAL PARTICILARS 4. Color or Race 5. Single Married, Widow. ed or pivorced (write the 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than 1 day,... hrs. or ..... min 8. Trade, profession, or particular kind of work done, as apinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation ... 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) the following: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, Nature of injury... 24. Was disease 19. UNDERTAKER of deceased? (Address) (Signed) Registrar.

DO NOT WRITE IN THIS SPACE State File No..... Local Registrar's No .. (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) Line 2/192 22. I HEREBY CERTIFY, That I attended deceased from I last saw h....alive on ......................... 193....: death is said to have occurred on the date stated above, at /. f.r.m. The principal cause of death and related causes of impor-Date of onset Other contributory causes of importance: Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopsy?.. 23. If death was due to exter'l causes (violence) fill in also Accident, suicide, or homicide?..... Date of injury.., 193. Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. ...... Manner of injury.....

(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTE	HER STATEMENTS BY PHYSICIAN	

		738-130.040-366	The second secon
	3	1. PLACE OF BIRTH ALL 21 1435 RA	DEPARTMENT OF PUBLIC WELFARE
	e e	Commo original international and a second	BURBAU OF VITAL STATISTICS
B	<b>3</b> .	City of Truly	CERTIFICATE OF BIRTH 235648
9	esch,	NoSt.	District No. /23 State File No.
RECORD	ň	(If born in hospital or institu-	~/
	for	, J	tion District No. 2201 Local Registrar's No
E	29	2. FULL NAME OF CHILD Baley I	Chreeley
PERMANENT	be made	3. Sex M. If plural births 4. Twin, triplet, or other	hirth A see 188
E E			18. Full MOTHER
五日	JRN must stated	name Jr. J. Lehreiber	maiden Natherine Cook
DILIGING A SI	RETURN drth, stat	10. Residence (usual place of abode) (If non-resident, give place and State) Fullog 4	19. Residence (usual place of abode) (If non-resident, give place and State) Muley 9
	RET birth,	11. Color or race	
OR BI		13. Birthplace (city or place) (State or country)	22. Birthplace (city or place)
F	PARATE order of	14. Trade, profession, or particular Relief kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
RESERVED ING INK	E E	E 15. Industry or business in which work was done, as silk/mill,	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
29	birth, a	16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
MARGIN	a t	in this work	19 in this work
		27. What prophylactic was used to prevent Ophthalmia Ne 28. Number of children of this mother (At time of this birth	and including this child)
WITH	១៨	(a) Born alive and now	living(b) Born alive but now dead(c) Stillborn
•	- 1	29. If stillborn, period of gestation months or weeks 30. Cause of still	birth Allumeners Before labor
7	than	CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MEDICIFE
PLAINLY	more	I hereby certify that I attended the birth of this child,	
		When there was no attending physician (S	igned)
WRITE	case	etc., should make this return.	, Midwife
W.R.	r I	Give name added from a supplemental report	ldress
	B. –	ri	led luy 20 1935 Am. Helen In Brid
	z	Registrar.	Registrar.



 MARGIN RESERVED FOR BINDING

AUG 12 1935 RECEIVED	*
PLACE OF DEATH DEPARTMENT OF PU	
City of Kellodd CERTIFICATE	
Registration District No	153
Primary Registration Dist	cict No. 220/ Local Registrar's No. 43
(If death or rred in a hospital or institution, 2. FULL NAME	Affive its name instead of street and number)
(a) Residence. No(Usual place of abode) Length of residence in city or town where death occurred. yrs	St.  (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow ed or Divorced (write tword)	we 21. DATE OF DEATH (month, day and year July 30 19
5a. If married, widowed, or divorced	22. I HERERY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	, 193. to, 193.
6. DATE OF BIRTH (month, day, and car)	I last saw halive on, 193: death is s
7. AGE Years Months Days All LESS th	an The principal cause of death and related causes of imp
8. Trade, profession, or particular	in
kind of work done, as spinner, sawyer, bookkeeper, etc	Still Bons
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last work- cd at this occupation spent in this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME H.J. Schreiber	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy 23. If death was due to exter'l causes (violence) fill in a
15. MAIDEN NAME ARTHERINE COOK	the following: Accident, suicide, or homicide? Date of injury, 1
16. BIRTHPLACE (city or town). 7.451/4	Where did injury occur?
17. INFORMANT	Specify whether injury occurred in industry, in home, or
18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury
Place. ENdicatt. N. +1 L. Date H. L., 198	Nature of injury
19. UNDERTAKER X L. Stout,	24. Was disease or injury in any way related to occupat
20. FILED CLAS 1.0 1985. Mr. Tolung 332	(Signed) J. H. Massey, M.
Registrar.	(Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

969-105 040-194 N. B.—In case of more than each, in order of birth stated. STATE OF IDARO DEPARTMENT OF PUBLIC WELFARE AUG 19 1935 RECEI County of the REAU OF VITAL STATISTICS City of Was CERTIFICATE OF BIRTH No Canus St. Registration District No. / O State File No. (If born in hospital or institu-Prim. Registration District No. /0// Local Registrar's No. .... tion give name.) 2. FULL NAME OF CHILD 4. Twin, triplet, or other ........ 6. Premature ... 7. Legiti-8. Date of If plural 3. Sex births mate?.2 5. Number, in order of birth.... Full term RECORD. Month, Day, Tear MOTHER 9. Full FATHER 18. Full nama maiden William Soret name (If non-resident, give place and State) Wallace 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State). 11. Color or race. M. | 12. Age at last birthday 33 (years 20. Color or race. | 21. Age at last birthday. 22. Birthplace (city or place) Planta Stale . (State or country)

23. Trade, profession, or particular kind (State or country) Mer. 2. 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, UPATION sawyer, bookkeeper, etc 24. Industry or business in which 15. Industry or business in which made work was done, as own home. work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent ě 16. Date (month and year) last engaged in this work 17. Total time (years) spent must mores In relief 19.25 is present 1935. in this work..... in this Work WITH UNFADING S. Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn Before labor..... months 29. If stillborn, 30. Cause of stillbirth. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... hm, on the date above stated. When there was no attending physician / (Signed) ...... or midwife, then the father, householder, etc., should make this return. Give name added from WRITE PI a supplemental report..... Address ...... Filed Mul 10 1985 St Registrar. Begistrar.

The second second of the second secon tend that it be being the best of the fact The second secon The section of the se AND THE TO SEE THE SECOND SECO - Delica States The second of th AND TOP THE PERSON OF THE PERS DEWELDS TO THE PROPERTY OF VIOLET was a few new terms of the place of the second of the second of A Part of the Control 
, JUL 3 1935 REC	KINED			•
PLACE OF DEATH	DEPARTMENT OF PUE BUREAU OF VITAL	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
City of Wallace	CERTIFICATE (		State File No	94325
	Registration District No		,	The
,	Primary Registration Distriction	1/ 4	Local Registrar's No.	
(If death occurre	in a hospital or institution, g	ive its name instead	of street and number)	206
2. FULL NAME / U	ellare			
(Usual place of abode) Length of residence in city or tow		(If nonre mos. ds. How long	sident give city or town in U.S., if of foreign birth:	and state) ? yrs. mos.
PERSONAL AND STATIS			AL CERTIFICATE OF DI	САТН
3. SEX 4. Color or Ra	ce 5. Single Married, Widow ed or Divorced (write the word)	21. DATE OF DE	ATH (month, day and yes	ar flewe 5 1
5a. If married, widowed, or di	sugal		ERTIFY, That attende	
HUSBAND of (or) WIFE of			., 193, to fflue., live on 198.	
6. DATE OF BIRTH (month, d	lay, and year) - /935	to have occurred	on the date stated above	, at
7. AGE Years Months	Days If LESS that 1 day, hr	tongo were en	ise of desth and related follows:	Date of on
8. Trade, profession, or part	or mir		· · · · · · · · · · · · · · · · · · ·	1.L.V
kind of work done, as a sawyer, bookkeeper, etc.	pinner,	Laul be	ru	2-1m
9. Industry or business in work was done, as silk a saw mill, bank, etc	which nill,			
10. Date deceased last work ed at this occupatio		0.1.		
(mo. and yr.)	occupation		ory causes of importances	
12. BIRTHPLACE (city or town (State or country)	vn) Wallack	preced	Presentation	. frum
13. NAME Villian	a Zoret.		· · · · · · · · · · · · · · · · · · ·	Date of
14. BIRTHPLACE (city or (State or country))	tova)/./	lt •	ned diagnosis? Was the	
15. MAIDEN NAME	lin Arman	23. If death was	due to exter'l causes (vio	lence) fill in
16. BIRTHPLACE (city or	town)	Accident, suicide,	or homicide? Date	of injury,
(State or country)	at Mary.	(S	pecify city or town, countingury occurred in industr	
17. INFORMANT	Wallow Ida	public place		
18. BURIAL, CHEMATION OR	Date June 7, 193	Manner of injury	y	
19. UNDERTAKER LA. Bur	n (world and les)	24. Was disease	prinjury in any way fala	ted to occupa
(Address)	Nohn Buren	of deceased? (Signed)	July Lea	, м
20. FILED (1983, 1983	Registrar.	(Address)	/	

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

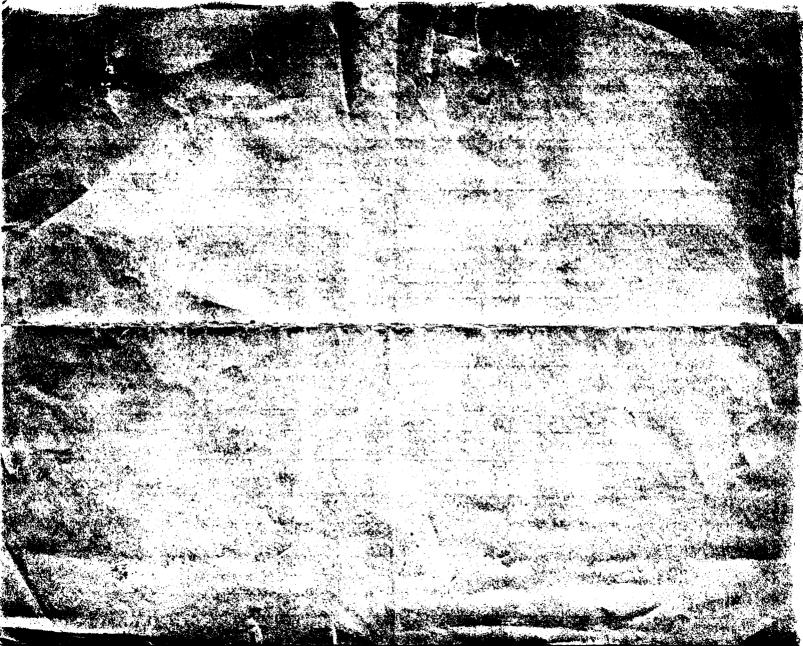
STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH SER IN 1935 RECEIVED STATE OF IDAHO COUNTY OF WCLALLE SER IN 1935 RECEIVED STATE OF PUBLIC WILLPARE In case of more than in order of birth stated. BURBAU OF VITAL STATISTICS City of Weiser CERTIFICATE OF BIRTH Registration District No. ..... State File No. (If born in hospital or institu-// 2 Local Registrar's No. tion give name.) Prim. Registration District No. . n ann 2. FULL NAME OF CHILD ...... N. B.-7. Logiti-[f plura] 8. Date of 3. Sex births 5. Number, in order of birth..... Full tern meter RECORD. number of MOTHER 9. Pull FATHER 18. Full maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Saa PERMANENT each, and the 1 (If non-resident, give place and State)..... 11. Color or race Library 12. Age at last birthday 4.8(years) 20. Color or race ( 21. Age at last birthday 12 (year 22. Birthplace (city or place). Adalas 13. Birthplace (city or place). Duco (State or country) (Btate or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Janual of work done, as housekeeper. OCCUPATION THIS IS A made for o typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, 15. Industry or business in which work was done, as silk mill. lawyer's office, silk mill, etc. Noccasio sawmill, bank, etc. ě 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent NE muet in this work ....., 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living ......(a) Born alive but now dead.......(c) Stillborn... Before labor.... WITH UNE a Separate months or weeks 30. Cause of stillbirth... 29. If stillborn. During labor. period of gestation ... CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was AP ... m. on the date above stated. When there was no attending physician / (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.

The second secon MARY TO Substitute additional to the Party of the Party o A Should be a second of the se Appendix of the Company of the Company of AND SOURCE STORY OF THE PROPERTY OF THE PARTY OF THE PART The second secon TO THE PARTY OF TH The Transport of the State of t Company of the policy of the property of the policy of the thing is executed in the property of the season of the season of A CONTRACTOR OF THE PARTY OF TH THE WATER CONTRACTOR to the Committee of the The half district of the second of the secon THE RESERVE AND THE RESERVE AND ADDRESS OF THE PARTY OF T The state of the s miles in the same of the state of the same milet ou ben'aver midling Letter America The state of the s THE SHOP WITH HER THE SECTION AND SECTION OF THE PARTY OF the same with a first the same and the same and the same and miles there was mentioned a series "ATTIME HILL THINK STURBEDA

432-224100-814 OHACH OF TOAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of Class BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No. . Registration District No. -Prim., Registration District No. 106 4 Local Registrar's No. 562 (If born is hospital or institution give name,) 2. FULL NAME OF CHILD... 8. Date of If plural (4. Twin, triplet, or other 6. Premature 4. 7. Legitibirth. births [5. Number, in order of birth.... Full term 28 w & mate? (Month, Day, Year) PERMANENT RECORD. 9. Full **EATHER** 18. Full MOTHER name maiden name 👡 10. Residence (usual place of abode) 20/R. 20. 15th 19. Residence (usual/place of abode) 201/2 (If non-resident, give place and State) (If non-resident, give place and istate)...... 11. Color or race 12. Age at last birthday 36 (years) 20. Color or race 21. Age at last birthday 30 (years) the 13. Birthplace (city or place)..... 22. Birthplace (city or place).... (State or Country) (State or Country) Missouri 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. Loudekeel sona 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, lawyer's office, silk mill, etc. sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 3 mms. To date 1935 to date 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) L (a) Born alive and now living (b) Born alive but now dead. (c) Stillborn During labor..... months 29. If stillborn. 30. Cause of Stillbirth ..... or weeks period of gestation..... Before labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE LEm. on the date above stated. I hereby certify that I attended the birth of this child, who was we When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address ..... a supplemental report chil (Date of) Filed 2 Rogistrar.



WEATH OF Ideho PLACE OF DEATH DO NOT WRITE IN County of RTIFICATE OF DEATH City of..... State File No. Registration District No. PHYSICIANS Primary Registration District No. 100 Local Registrar's No. RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 4- 24 193 ed or Divorced (write the 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of 193..... to ...... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h alive on 193 death is said to have occurred on the date stated above, at 130 m 7. AGE Years Months Days If LESS than The principal cause of death and related causes of importance plno 1 day ..... hrs. were as follows: or ..... min. Date of ones 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION SE sawyer, bookkeeper, etc. ... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) carefully plain 13. NAME / Name of operation Date of 14. BIRTHPLACE (city or town) ..... What test confirmed diagnosis?...... Was there an autopsy?...... important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the nformation should be following: DEATH 15. MAIDEN NAME Accident, suicide, or homicide? Date of injury 193.... Where did injury occur? 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT CAUSE OF (Address) public place. 18. BURIAL, CREMATION Manner of injury..... HOLL Oracoate q Nature of injury.... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER (Address) 20. FILED. (Signed)

BINDING

## · CERTIFICATE OF DEATH

STATEMENT OF OCC ation is very important, so that the relative healthfulness of vartous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN			

re than stated.	1. PLACE OF BIRTH	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
of moo	NoSt.	BUREAU OF VITAL STATISTICS 235891
case c	Regi	stration District No State File No
ı ca der	il	Registration District No. Local Registrar's No. 221
-In-	2. FULL NAME OF CHILD	shy Salleck Stillhow-
UD. N. B each, in	3. Sex   If plural \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
BINDING NENT RECORD. the number of ea	9. Full pame RATHER Packack	18. Full MOTHER maiden name
DICE THE	10. Residence Justial place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
BINDING NENT RE the numbe	11. Color or race	(years) 20. Color or race   21. Age at last birthday 21. (years)
PERMA ch, and	(State or Country)	22. Birthplace (city or place) (State or Country)
E 4 €	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
RESERV-THIS IS made for	Kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year)	typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
P X Z	o last engaged in this work	spent
[ARG]	27. What prophylactic was used to prevent Ophthalmi	
M CH		this birth and including this child)
N VFADIN Return		and now living
5.3	29. If stillborn, period of gestation O	s   30. Cause of stillbirth   Before labor   Before labor   Buring labor   Boron labor   Buring labor   Boron labo
WITH Separ	CERTIFICATE OF ATI I hereby certify that I attended the birth of this child,	ENDING PHYSICIAN OR MIDWIFE WILL STUDY
LAINLY at birth 8	When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return.	(Signed) M. D.
G ₽	Give name added from a supplemental report	or, Midwife, Address, Dda
VRITE ne chil	(Date of)	QET 1/0 food DR ALVIN S THURSTON
One	Registra	

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MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARGINY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

<b>OCT 11 1935</b>	SAP OF ID.	<del>-</del>
PLACE OF DEATH	DEPARTMENT OF PUBL	AHO LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Claus	BUREAU OF VITAL	STATISTICS
City of _ Cumul	CERTIFICATE O	OF DEATH State File No.
	Registration District No	
	Primary Registration Distric	t No Local Registrar's No. 106
(If death occurred i	(No	ve its name instead of street and number)
(a) Residence. No	0	St.
	where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEA 4. Color or Race	5. Single, Married, Widow- ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year 9-25 1935
5a. If married, widowed, or divo		22, I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of		, 193, to, 193
6. DATE OF BIRTH (month, day	y, and year)	I last saw halive on, 193: death is said
7. AGE Years   Months	Day: If LESS than	to have occurred on the date stated above, atm.  The principal cause of death and related causes of impor-
	1 day, hrs.	tance were as follows: Date of onset
8. Trade, profession, or partic	or min,	XIIImi
kind of work done, as spi	nner.	
9. Industry or business in wh work was done, as silk mil	nich	was replicated until 10 minutes after
saw mill, bank, etc  10. Date deceased last work-	11. Total (Ime (years)	Initial
ed at this occupation (mo. and yr.)	spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town (State or country)	.)	unlum.
	Polluh	polity aspealing aumus pure
12. NAME  14. BIRTHPLACE (city or to (State or country)	wn) M' any Ita	Name of operation
(State or country)	m. Huntin	What test confirmed diagnosis. Was there an autopsy?  23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME VILLE 16. BIRTHPLACE (city or to (State or country)		the following: Accident, suicide, or homicide? Date of injury, 193.
		Where did injury occur?
17. INFORMANT		Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR T	Date 1 25 193	Manner of injury
19. UNDERTAKER LAUNA		24. Was disease or injury in any way related to occupation
(Address)	DR. ALVIN S. THURSTON	of deceased O It say pecify
20. FILED. GCT - J. G. 1,9355	····· EOUNCIL IDAHO	(Address) Current The
		OCT 1 0 1935

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed to be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in the wer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

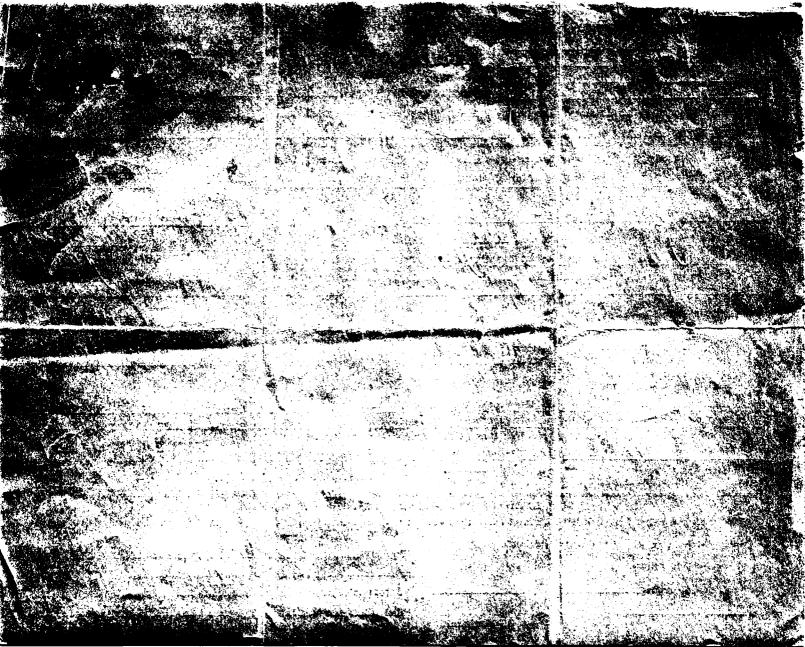
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

**SEP 12 1935 RECE** STATE OF IDAHO
ACCMENT OF PUBLIC WELFARE County of... BUREAU OF VITAL STATISTICS -wnu City of.... CERTIFICATE OF BIRTH No. Registration District No. ..... State File No. ..... Prim. Registration District No. 2160 Local Registrar's No. 65 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD If plural (4. Twin, triplet, or other 8. Premature 7. Legitibirths 5. Number, in order of birth..... Full term.. mate? . PERMANENT RECORD. (Month, Day, Year) 9. Full 1 - FATHER **∕MOTHER** ||18. Full name lesson maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Nownly (If non-resident, give place and State) 11. Color or race MU . | 12. Age at last birthday // (years) 20. Color or race | 21. Age at last birthday # (years) 13. Birthplace (city or place) Jownly 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular kind of work done, as spinner, 23. Trade, profession, or particular kinds of work done, as housekeeper, sawyer, bookkeeper, etc. .. ATTON typist, nurse, clerk, etc. ..... f is 15. Industry or business in which 24. Industry or business in which work was done, as silk mill. work was done, as own home, made sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent IG INK-must be last engaged in this work 26. Total time (years) spent last engaged in this work \_\_\_\_\_\_ 19...... in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING te Beturn m 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.... (b) Born alive but now dead...... (c) Stillborn..... 29. If stillborn. Thirty two months. Before labor..... period of gestation... er weeks During labor CERTIFICATE OF ATTENDING P I hereby certify that I attended the birth of this child, who was .M. m. on the date above stated. child at t When there was no attending physician? or midwife, then the father, hoseholder, etc., } (Signed) should make this return. Give name added from a supplemental report Address (Date of) Registrar.



A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock,"
"Uragmia" "Weekhness" etc. when a definite disease can "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

553-1681007 1935 REC MANUSCRIPT OF PUBLIC WELFARE County of AU OF VITAL STATISTICS Olty of Carl CERTIFICATE OF BIRTH Registration District No. .. State File No. (If born in hospital or institu-Prim. Registration District tion give name.) Local Registrar's No. 2. FULL NAME OF CHILD ... 7. Legitiff plural 8. Date of 3. Sex births birth. Full tern 5. Number, in order of birth.... ma mate?..Z RECORD. 9. Full FATHER 18. Fuff MOTHER name maiden name 🐱 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT ach, and the (If non-resident give place and State Caldury) (If non-resident, give place and State) 13. Birthplace (city or place) July Val 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, CUPATION sawyer, bookkeeper, etc. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. Ba lawyer's office, silk mill, etc. sawmill. bank. etc..... 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work. ...... 19...... in this work. A 27. What prophylactic was used to prevent Ophthalmia Neonatorum 2... 28. Number of children of this mother (At time of this birth and including this child) months or weeks 30. Cause of stillbirth attlettesis Before labor..... 29. If stillborn. During leber..... period of gestation ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWITE 50 &m. on the date above stated. I hereby certify that I attended the birth of this child, who wa When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... Registrar.

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B.--WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 9 1935 REVENUE OF IL	0.4.5.
PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ounty of B. N. BUREAU OF VITAL	45777
CERTIFICATE (	OF DEATH State File No.
Registration District No	
Primary Registration Distric	/!
(If death occurred in a hospital or institution, g	ive its name instead of street and number)
(a) Posts	St
(Usual place of abode) ength of residence in city or town where death occurred. yrs.	(If nonnegident give city or town and state)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) felf 8 193
a. If married, widowed, or divorced	22. HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	1985 to Left 1985.
. DATE OF BIRTH (month day, and year)	I last saw h. alive on
AGE Years   Months   Days   If LESS than	The set and set and selected courses of impor-
1 day, hrs	tance were as follows:
8. Trade, profession, or particular	Stile birth 9 mo fortue
kind of work done, as spinner, sawyer, bookkeeper, etc 9. Industry or business in which work was done, as silk mill.	Died before labor
<ol> <li>Industry or business in which work was done, as silk mill.</li> </ol>	
saw mill, bank, etc	(Course not present)
ed at this occupation spent in this (mo. and yr.) occupation	Ther contributory causes of importance:
000	Trum after Suparation
2. BIRTHPLACE (city or town)	of placetita
13. NAMECE LE METTER	_ <b> </b> (.)
13. NAME Charles Metting fur  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
	What test confirmed diagnosis: Was there an autopsy?
15. MAIDEN Sternice Vong Ct	23. If death was due to exter'l causes (violence) fill in als the following:
15. MAIDEN VALUE Vong (1  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 193 Where did injury occur?
7. INFORMANT Ed. Vand	(Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or i
(Address) Landfort Slots	public place.
8. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date. 9. 9. 1985	Nature of injury
9. UNDERTAKER (Address)	of deceased? ND If so pecify f
0. FILED 9-9, 1935	(Signed) And tayler M. I
TVI (4 Zas Brotan.	

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries, Examples:

EXAMPLE I		EXAMPLE II			
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset			
1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5, 1927	Peritonitis	3 days ago			
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year			
FOR FURTH	HER STATEMENTS BY PHYSICIAN				
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis			

OCT 1 1935 REC TETATE OF IDAHO PLACE OF BIRTH PUBLIC WELFARE County of... Januson! TTAL STATISTICS 236132 City of 19/ CERTIFICATE OF BIRTH - State File No. ..... Registration District No. ..... Prim. Registration District NAOST Local Registrar's No. 226 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of 7. Legiti-births 5. Number, in order of birth.... Full term mate? .. (Month, Day, Year) D. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Husland (If non resident, give place and State) Vustan 11. Color or race 12. Age at last birthday 41. (years) 20. Color or race 12. Age at last birthday 35 (years) 13. Birthplace (city or place) I hed lost, Mebruska 22. Birthplace (city or place) I hed lost, Mebruska 22. (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill work was done, as own home, sawmill, bank, etc. .... lawyer's office, silk mill, etc. ...... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work INK. in this work 19.... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) Before labor 29. If stillborn. months period of gestation..... 30. Cause of stillbirth or weeks During labor\_\_\_\_\_ survations CERTIFICATE OF ATTENDING PHYSICIAN OF MILWIFE m, on the date above stated. I hereby certify that I attended the birth of this child, who was 4 an Alive or Stillborn When there was no attending physician (Signed) 111.-10.11 or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from a supplemental report..... (Date of) Registrar.

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occo. STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE 95295 State File No..... BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Resistration District No..... Primary Registration District No. 0 0 Local Registrar's No.. (If nonresident give city or town and state) Length of residence in city or town where death occurred. vrs. O mos. ds. How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, or Divorced (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) I HEREBY CER'TIFY, That I attended deceased from 193.J., to... 5a. If maried, widowed, or divorced HUSBAND of I last saw hell alive on ......, 193 ....: death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year) The puncipal cause of death and related causes of importance were as follows: 7. AGE If IESS than Date of onset Years Months Days 1 day. hrs. min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank etc ..... 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... vear) 12. BIRTHPLACE (city or town) (State or country Name of operation.. "..... Date of...... 13. NAME -What test confirmed diagnosis & as there an autopsy?..... 14. BIRTHPLACE (city or town) (State or country) 23. If death was due to exter'icauses (violence) all in also the following: DEATH Where did injury occur? 16. BIRTHPLACE (city or town).... (Specify city or town county, and State) (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) 0F Manner of injury 18. BURIAL, CREMATION, OR REMOVAL Nature of injury CAUSE 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER ..... If so, specify (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

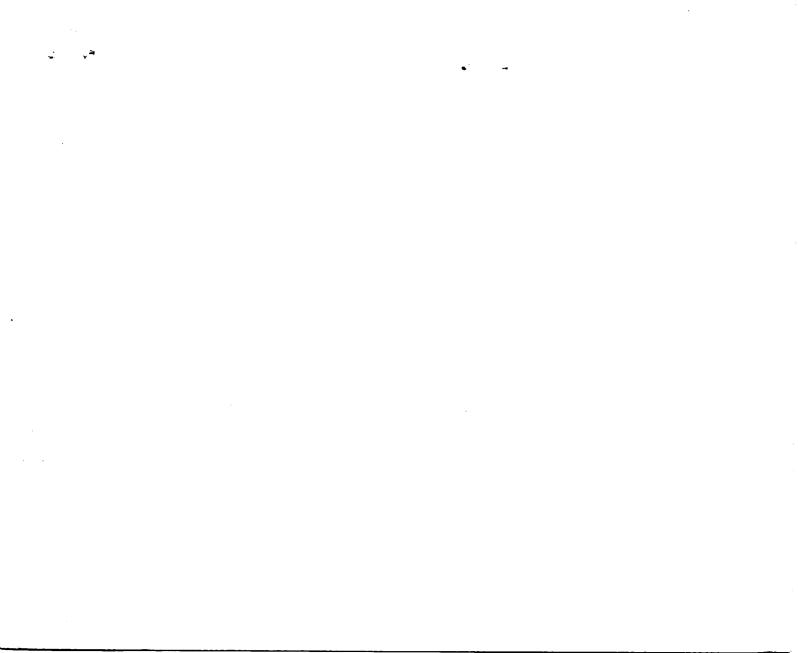
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II			
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
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791-202-014-294 of more than birth stated. PLACE\_OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of..... BUREAU OF VITAL STATISTICS City of Thursdorf Rs OFRTIFICATE OF BIRTH 236134 Registration District No. \_\_\_\_\_State File No. \_\_\_\_ Prim. Registration District No 2003 Local Registrar's No 231 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of ᆵ 6. Premature.... 4. Legiti-If plural (4. Twin, triplet, or other..... each, birth.L 3. Sex births Full term... mate? ... (Month, Day, Year) 5. Number, in order of birth... MOTHER FATHER 18. Full ŏ 9. Full maiden name Marilla serve overet name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) Nustan (If non-resident, give place and State) Hust 11. Color or race. Little 12. Age at last birthday. 3. A. (years) 20. Color or race While | 21. Age at last birthday 18. Birthplace (city or place) Mussauri 22. Birthplace (city or place) astle liate ? and (State or Country) (State or Country) 23. Trade, profession, or particular kind A PEJ each, 14. Trade, profession, or particular kind of work done, as spinner, Farms of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist nurse clerk etc. for 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, made lawyer's office, silk mill, etc, sawmill, bank, etc. 25. Date (month and year) 16. Date (month and vear) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work pe in this work..... WITH UNFADING IN Separate Return must ...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 10 mls su (At time of this birth and including this child) 28. Number of children of this mother Before labor months 29. If stillborn, period of gestation 9700 302 Cause of stillbirth.... or weeks During labor..... Cratitation CERTIFICATE OF ATTENDING HYSICIAN DR M. WIFE at5.301 m. on the date above stated. I hereby certify that I attended the birth of this child, who was PLAINLY Id at birth a When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Address Guldwell Idaho Give name added from WRITE one child a supplemental report..... (Date of) Registrar. Registrar.



NARGIN RESERVED FOR BINDING

N. B..-WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

OCT 11 1935	A ECE MAD		
PLACE OF DEATH	STATE OF ID. DEPARTMENT OF PUBL BUREAU OF VITAL CFRTIFICATE	LIC WELFARE	DO NOT WRITE IN THIS SPACE  95281  State File No
ity of Valdwell	Registration District No	- T	State File Wo
	Primary Registration Distric	t No. 2005	Local Registrar's No. 107
(2 4	(No	voliks name instead	of street and number)
(a) Residence. No	queston, Islah	<i>J</i>	St,
(Present solver of alcore	.\	mos. ds. How long	sident give city or town and state) in U.S. if of foreign blirth? yrs, mos. ds.
	STICAL PARTICULARS ace: 5. Single. Married, Widow.	<u></u>	AL CERTIFICATE OF DEATH
Tenuale white	ed or Divorced (write the word)	21. DATE OF DE	ATH (month. day and year) OU 2.193- ERTIFY, That I attended deceased from
ba. If married, widowed, or d HUSBAND of	ivorced		.,, 193, to WA L, 1935.
6. DATE OF BIRTH (month,	day, and year)	to have occurred	dive on, 193: death is said on the date stated above, atm.
AGE Years Month	Days If LESS than 1 day, hrs	The principal car	use of death and related causes of impor-
8. Trade, profession, or par	or min	N .	les about Sept 30.
kind of work done, as sawyer, bookkeeper, etc	spioner,	Expolia	ted sking
9. Industry or business in work was done, as silk saw mill, bank, etc	mIII.	Descent a	and rotation hindered
10. Date deceased last wor ed at this occupati (mo, and yr.)		Other contribu	tory church of importance
12. BIRTHPLACE (city or to	Can Mayall Ida	Julder	satation and extraction
(State or country)	Grass		Quality of the Date
14. BIRTHPLACE (city or	town) Missoure	Name of operation	ned diagnosis Clumba nere an autopsy?.
(State or country)	nel Timbrough	23. If death was	due to exter'l causes (violence) fill in also
16. BIRTHPLACE (city of	town) Ulah	Accident, suicide,	or homicide? Date of injury, 155
17. INFORMANT	Sragg	. Specify whether	Specify city or town, county, and state) injury occurred in industry, in home, or in
(Address)  18. BURIAL, CREMATION O	R REMOVAL	public place.  Manner of injur	
Place. Changon	Acl Date Oct. 3, 193.	Nature of injury 24. Was disease	or injury in any way related to occupation
19. UNDERTAKER C	exwell Ida	of deceased?	a R. Whiltuluyer M. I
20. FILED!	Manager Andrews	(Address	Caldwell Idal

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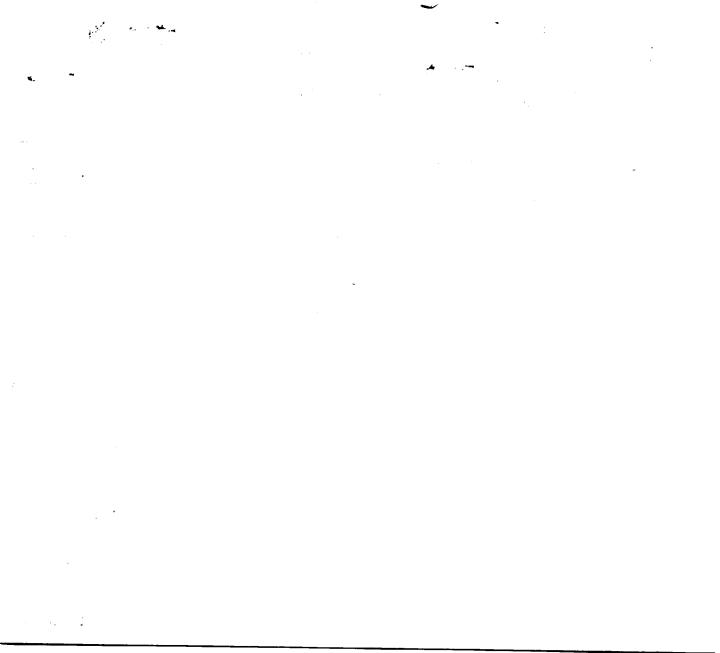
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ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN		
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HH	2.	FULL NA	ME OF CH	ULD	Carlos Be	ne Ru	12	*****	***************************************		***************************************	
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ED.		Full	1	FATHER	in order of bir	<u> </u>		Full	mate? <b>Y</b> A	MOTHER	(Month, I	lay, Year)
RECORD.		name	Fred R	. 1 -				maiden name	Clotilde	Jennin	ce Faint	ain
the nu	10.	Residence	(usual pla	ce of abode)	720 15th /	Av. S	.19	Residence	e (usual placesident, give	e of abode	5720 15 A	A. So.
A CE		Color or r	ace	12. Age at la	st birthday.35.	.(years)			ace			
and	13.	Birthplace (State or	(city or country)	place).LasC	ruces,New.	·Vex-	22	Birthplac (State or	e (city or p	de la l	, Now Me	x1eo
S A PERMANENT for each, and the	NO	14. Trad kind sawy	e, profess of work ver, bookk	ion, or partic done, as spir seper, etc	cular ner, teacher	r	ATION	23. Trade of we typist	e, profession, ork done, as t, nurse, clea	or partic housekeep rk, etc	ular kind 6r housewif	9
nade	UPATION	worl	was do	usiness in w ne, as silk etc			CUPAT	work	stry or busin was done, s er's office, s	as own ho	me,	
INK—T	OCCUP	P .			Total time (year		00		(month and engaged in th	1		
H H	97	What are	nhrlaatia y		this work revent Ophtha				neg			
PER SEPTIME	28.	Number of	children	of this mother	(At time of t a) Born alive a	his birth	ane	l including	this child)		Δ.4	
WITH UNFADING a Separate Return :	29.	If stillborn	n, 8 YU gestation	mon or w	ths eeks 30. Cause	of still	birtl	1	.,	*************	1	abor
Hele			<del>.,</del>		ICATE OF AT	rendin	G P	HYSICIAN	OR MIDWI	FF0:15	A . M .	
		I hereby	ertify that	: I attended t	ne birth of this	s child,	who	was	DEAD a	t m. o	n the date a	bove stated.
PLAINLY d at birth	{	When the or midwife etc., should	e, then th	o attending p e father, hous is return.	hysician seholder,	Ar		i)	assaul,	d'su	anni	M. D.
	Gi	ve name ad	ded from			4-7.	dran	Max	upa o	dah	0 _	)
WRITE One chil	a	PEPPIGNICAU		(Di	ite of)	Fil-	ures ed!	(no 1-1		198004		dgers
\$8	1				Registrar.	•		,		<b>(</b> / )	•	Régistrar.



ATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS aurios County of ATE OF DEATH ECORD. Every PHYSICIANS City State File No..... Registration District No. Primary Registration District No... Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME UM (a) Residence. No...../. L.C. (Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. (If nonresident give city or town and state) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race | 5. Single, Married, Widowed or Divorced (wolte the 21. DATE OF DEATH (month, day and year) 9 word) 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (of) WIFE of 6. DATE OF MRTH/(month, day, and year) st saw h...alive on ......, 193...: death is sa to have occurred on the date stated above, at 10.30 m AGE The principal cause of death and related causes of impor-Days If LESS than 1 day,... hrs. tance were as follows: Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... contributory causes of importance: occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation........... Date of..... 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?.... Was there an autopsy! 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or count) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. 18. BURIAL, CH Manner of injury..... Nature of injury..... 19. UNDERTAKER 24. Was disease or injury in any way related to occupation (Address) of deceased 2... (Address) ...

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FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy

OCT 10 1935 RECE DEPARTMENT OF PUBLIC WILLPARE County of BURBAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH 2 No..... Registration District No. State File No. (If born in hospital or institu-Prim. Registration District No. 2006 Local Registrar's No. 2 tion give name.) 1130mld 2. FULL NAME OF CHILD ...... [f plurel 8. Date of 3/Bex birth births 5. Number, in order of birth. Full terms / mate / temale RECORD. PATHER MOTHER D. Full 18. Fun maiden name name Myna Honson 19. Residence (mual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) 45 mg (If non-resident, give place and State)..... 20. Color or race...\(\lambda\_{\text{...}}\) | 21. Age at last hifthday. 11. Color or race...W . | 12. Age at last birthday......(years 13. Birthplace (city or place)...... 22. Birthplace (city or place)...... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper kind of work done, as spinner, typist, nurse, clerk, etc. Taus sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent ....., 19..... in this work..... ...... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) ( (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn...... Before labor..... 29. If stillborn. During labor..... CERTIFICATE OF ATTENDING PHYSICIA ... m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Address Registrer.

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

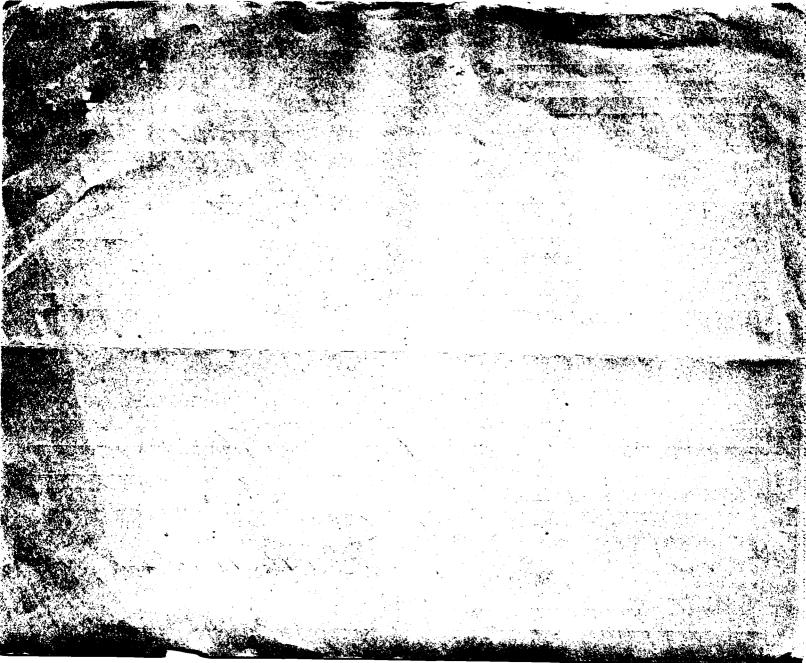
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			
	~~~~~~~~~~~~~~~~~~				



STATE OF IDAHO PLACE OF DEATH shou DÉPARTMENT OF PUBLIC WELFARE WRITE IN THIS SPACE MANENT RECORD. Every item EXACTLY. PHYSICIANS shot Exact statement County of Franklin BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Fairview State File No..... Registration District No..... Primary Registration District No. 1/9 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Stillborn Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) S. Female White word) Single HEREBY CERTIFY, That I altended deceased from 5a. If married, widowed, or divorced HUSBAND of 193 ., to . Baby (or) WIFE of 6. DATE OF BIRTH (month, day, and year, to have occurred on the date stated above, at ......m. 7. AGE The principal cause of death and related causes of impor-Years Months Days If LESS than tance-were as follows: 1 day.... hrs. Stillborn or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance; (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) Fairwiew Idaho (State or country) 13. NAME IM Theo Lockver Name of operation..... Date of...... 14. BIRTHPLACE (city or town)..Blackfoot..Ida (State or country) What test confirmed diagnosis?.... Was there an autopsy?.. MOTHER Ada Jamerson 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. **OF** 16. BIRTHPLACE (city or town)... Preston Idah OCCUPATION Where did injury occur?..... (State or country) (Specify city or town, county, and state) .Wm . Theo . Locky.er . 17. INFORMANT .. Specify whether injury occurred in industry, in home, or in (Address) Logan Utah public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury.... Place..... Date...... 193... Nature of injury..... 24. Was disease or injury in any way related to eccupation 19. UNDERTAKER (Address) of deceased?...

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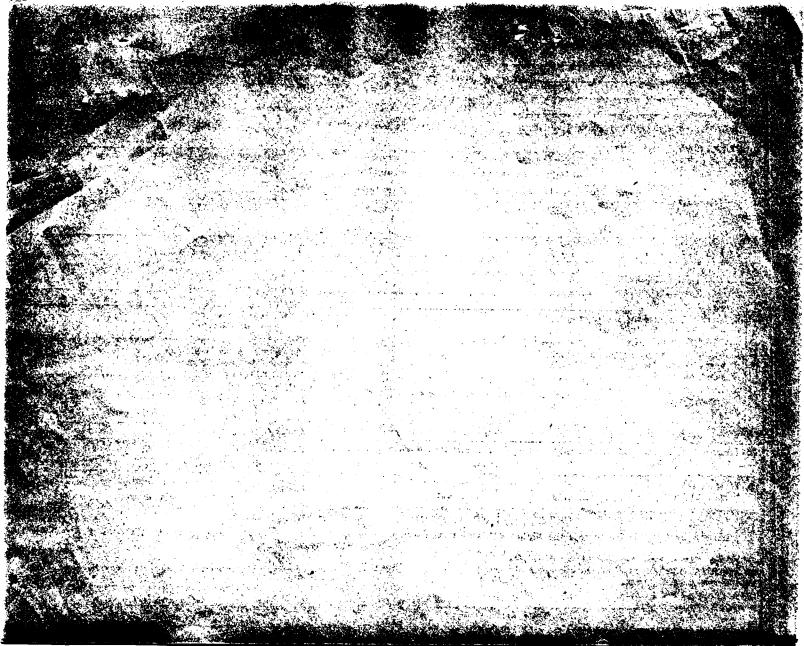
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	EXAMPLE II				
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1915	Attack of epilepsy	1 week ago			
1921	Run over by street car	1 week ago			
July 5, 1927	Peritonitis	3 days ago			
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year			
FOR FURTH	HER STATEMENTS BY PHYSICIAN				
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis			

615-117-02-1815UCT 141935 RECEIVED STATE OF IDAHO LACE OF BUILDE DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS 236287 of more City of.... CERTIFICATE OF BIRTH No. Registration District No. \_\_\_\_\_State File No. \_\_\_\_ Drim. Registration District No. 2/19 Local Registrar's No. 5 (If born in hospital or institution give game.) 2. FULL NAME OF CHILD. 8. Date of 且 7. Legitimate? 1/K births (Month, Day, Year) 5. Number, in order of birth..... MOTHER 9. 10011 18. Full FATHER maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) DUDO (If/pon-resident, give place and State) (If non-resident, give place and State)... 11. Color or race | 12. Age at last birthday 24 (years) 20. Color or race | 21. Age at last birthday 26 (years) 18. Birthplace (city or place) Denver, Calorade2. Birthplace (city or place)... dogon illa (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinning a druller sawyer, bookkeeper, etc. each, of work done, as housekeeper, typist, nurse, clerk, etc. ..... for 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. be made lawver's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work UNFADING INK. in this work..... | | 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living....... (b) Born alive but now dead...... (c) Stillborn..... Before labor..... months 29. If stillborn. 30. Cause of stillbirth.... period of gestation 9 OF WEAKS During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was to m on the date above stated. When there was no attending physician (Signed) . or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address a supplemental report... (Date of) Filed . Rogistrar.



N. B..-WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  Ounty of Franklin  Preston  CERTIFICATE OF II  DEPARTMENT OF PUR  BUREAU OF VITAL  CERTIFICATE OF II  OUNTY OF PUR  BUREAU OF VITAL  CERTIFICATE OF II	BLIC WELFARE DO NOT WRITE IN THIS SPACE			
Registration District No	27			
Primary Registration Distri	ct No. 2/19 Local Registrar's No. 21			
(No(If death occurred in a hospital or institution, g FULL NAME Stillborn Fancher	rive its name instead of street and number)			
(a) Residence. No	St			
(Usual place of abode) ength of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. o			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. Color or Race 5. Single, Married, Widow ed or Divorced (write the word)	21. DATE OF DEATH (month, day and year) Sept 17 19			
5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from			
(or) WIFE of	, 193, to, 193			
6. DATE OF BIRTH (month day, and year) Sept. 17, 1935	I last saw halive on, 193; death is sai			
. AGE Years   Months   Days   If LESS tha	to have occurred on the date stated above, atm  The principal cause of death and related causes of imp			
1 day hr. orQ., mir				
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Sellon			
9. Industry or business in which work was done, as silk mill,				
saw mill, bank, etc	and not delemme			
ed at this occupation spent in this occupation cocupation	Other contributory causes of importance:			
12. BIRTHPLACE (city or town). Preston, Idaho (State or country)				
Little Committee of the				
Denver Colo	Name of operation			
14. BIRTHPLACE (city or town)Denv.e.r.,	What test confirmed diagnosis? Was there an autopsy			
15. MAIDEN NAME Jannette Hans <b>e</b> n	23. If death was due to exter'l causes (violence) fill in a the following:			
16. BIRTHPLACE (city or town) Logan, Utah	Accident, suicide, or homicide? Date of injury, 19:			
(State or country)	Where did injury occur?(Specify city or town, county, and state)			
17. INFORMANT(Address)	. Specify whether injury occurred in industry, in home, or			
18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury			
Place Date, 193.	Nature of injury			
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupat			
20. FILED Oct 8 1934 M. State	(Signed) M.			
Registrar	(Address) Preston, Idaho			

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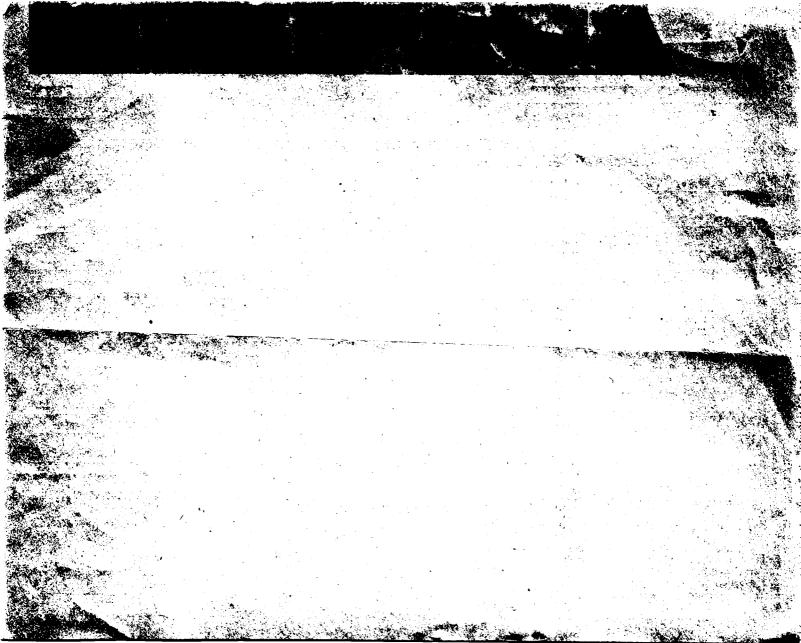
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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H D Cour	aty of		OGT!	9 1 <b>93</b> 5 R	DEPAR	BTATE OF I	SLIC WELFARE	_236344
Sa City	of				CE	RTIFICATE (	OF BIRTH	S
₩ Z   1700		*************************	St.	Registration	District No	6	State File No	
Holo 2. I		spital or institut:	1		ration District	No	Local Registrar's	No
each, in 3. Se	ex M	history 1	win, triplet, or oth umber, in order o	ļ.	Premature 4.	1.4	8. Date of birth (Mont	1985 th, Day, Year)
miber of each	Es Z	sta C	ATHER		18. Full maiden name	Ruhame	MOTHER	
10. F	Residence ( (If non-re:	usual place of a sident, give place	bode) e and State)	m of		e (usual place of resident, give pla		et
11. C	JOIOT OF TE	ice   12	. Age at last birt	ngay(year			21. Age at last birt	
ch, and the nu	Birthplace (State or	(city or place) Country)	Crocke	C, Vexa	22. Birthplac (State	e (city or place) or Country)	Everto	o, hus,
4 8 8 B	4. Trade, p kind of sawyer,	orofession, or pa work done, as bookkeeper, etc.	rticular spinner	م	11 1 .	, profession, or p rk done, as house nurse, clerk, etc		relign
S S E	sawmill,	•	k mill,		24. Indust	ry or business i was done, as ov	in which	,
1   9	last enga	onth and year) ged in this worl	17. Total tim	e (years) spent		(month and year) ngaged in this wo	26. Total time	e (years) spent
27. V		hylactic was us						
		children of this	mother (At	time of this birt	and including	this child) (b) Born alive by	ut now dead (	<del></del>
29. I	f stillborn, period of g	estation 7 m	00, 2 who.{	months or weeks	30. Cause o	Stillbirth Asy	Before labor  During labor	Course intrans
s Separa	hereby ce	rtify that I atten	CERTIFICATE ded the birth of the			OR MID VIFE	A 24 C	ate above stated.
iilor n	Vh <b>en ther</b> e nidwife, th ild make ti	en the father, l	ding physician noseholder, etc.,		Signed)	Mar	·	, M. D.
Give	name add			O A	r .ddress	Erm	ett Ada	, Amuwiie
one child	phiements		(Date of)		Tled Oct 8			soldt
N O	***************************************		·	Registrar.		, ————————————————————————————————————		Registrar.



PLACE OF DEA DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ATE State File No..... Registration District No..... Primary Registration District No. Local Registrar's No..... RECORD FULL NAME Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos, ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h....alive on ..... 193...: death is said 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. **∕\A**GE Months Days If LESS than tance were as follows: Date of onset 1 day, ... hrs. or .... min. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... 9. Industry or business in which work was done, as ailk mill. saw mill, bank, etc .... 10. Date deceased last work- 11. Total time (years) sneut in this ed at this occupation Other contributory causes of importance: (mo. and yr.) ...... occupation .. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 6 Name of operation..... Date of....... Date 14. BIRTHPLACE feity or town What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town)., C Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address public place. ..... 18. BURIAI Manner of injury..... Nature of injury..... 24. Was disease or injury in an way related to occupation of deceased?..... (Signed) \. 20. FILED! (Address)

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		Oustroemer and	1 year		
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN			
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Ci	ty of Los	44/4110				T.	CER'	STATE OF IDA MENT OF PUBLI AU OF VITAL ST FIFICATE OF	ratistics & BIRTH	20424
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		spital or i	nstitutio	n give name				10, 1050 I		
н				Baby		S Las	4			8 IVU <b>W</b>
	G- 14	If plural	4. Twi	in, triplet, o	r other	6. I	Premature	7. Legiti-	8. Date of	- /
s. 	Sex M	births	≺	mber, in ord		I .		mate? Yes	birth 9/	17/35 , 193 onth, Day, Year)
9.	Full name	H <b>enr</b> y Ge		THER			18. Full maiden		THER	
10.	Residence	(manal place	o of ah	odo)	0322 - 1	F.) - 1	name	Anna Swick (usual place of al	ode)	
	(If non-re	sident, giv	e place	and State)	G1008,	laano	(If non-re	sident, give place	and State)	
11.	Color or re	aceW	12.	Age at last	birthday4.	(years)	20. Color or ra	ce		rthday37(years
		(city or p Country)	lace)E	dissia			22. Birthplace (State or	(city or place) Country)	New York	wille
	14. Trade, j kind of	profession, work don bookkeepe	e, as si	pinner,	hanic			profession, or part done, as housekee	ener	keeper
E	15. Industry	or busin	ess in	which			E 24. Industry	or business in as done, as own	which	waspor
18	sawmill, 16. Date (m. last eng	bank, etc. onth and	vest)				lawyer's	office, silk mill, ( nonth and year)	etc	
8	last eng	aged in thi	s work	17. Total	time (years	_	last eng	aged in this work	26. Total tir	me (years) spent
11					is work25			19		work
								9% Neo silvol	<del>-</del>	
28	. Number of	children o	f this m	other (	(At time of a) Born alive	this birth e and now	and including to living 8 (b	chis child)  ) Born alive but 1	now deadO	(c) Stillborn 1
29.	. If stillborn period of a	, gestation	9	9 months	{ month or wee		30. Cause of s	stillbirth	₹	r P
=	<del></del>	· <del></del>		· · · · · · · · · · · · · · · · · · ·	THE OF AT	PENDING	PHISICIAN	OB MIDWINE	( Daring labor	
	_	-	I attend		of this child	, who was	Stillborn Born Alive of	Stillborn)	0 1	date above stated
sh	midwife, tl ould make t	hen the fa this return.	ther, ho	seholder, et			•	Medical	1	, M. D. Midwife
	ive name ad							r d'Alene, Id		, zadwii
11 04	arbhraments	T TODOLO		(Date o		At	led $9-26$			

<u>a(</u> še

NOT 6 100 m XXX	E OF IDAHO
OCT ? 1000 PROTE PEPARTMENT	OF PUBLIC WELFARE VITAL STATISTICS  93 4 CT WRITE IN THIS SPACE
I LACE OF DEATH	We transfer to
!! d	CATE OF DEATH State File No
- II A 31A7	to No. 30 Local Registrar's No. 403
Primary Registrat	ion District No. 1.00.0
(No	ution, give its name instead of street and number.)
	~ U ·
2. FULL NAME Baby Gerrlitz	
(a) Residence. No(Usual place of abode)	St. (If nonresident give city or town and State)
Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8. SEX 4. COLOR OR RACE 5. Single, Married, or Divorced (write	4kaa
m Single	Sept. 17, 1935 19 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day and year) Sept 17. 1	935 that I lest saw h slive on 19
7. AGE Years Months Days If LESS	than 1 day, and that death occurred, on the date stated above, at
A   A   T	hrs. or hin. The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED	35018
(a) Trade, profession, or particular kind of work	(mencephaly (Stall Born)
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(duration)yrsmosds.
(c) Name of employer	CONTRIBUTORY (Secondary)
9. BIRTHPLACE (city or town) Gibbs, Idaho (State or country)	18. Where was disease contracted if not at place of death?
10. NAME OF FATHER	Did an operation precede death?
Henry Gerrlitz	Was there an autopsy?
2 11. BIRTHPLACE OF FATHER (city or town) Russia	What test confirmed diagnosis?
(State or Country)	(Signed) M. D.
11. BIRTHPLACE OF FATHER (city or town) RUBBIC (State or Country)  12. MAIDEN NAME OF MOTHER	, 19 (Address)
Anna Swick	#State the DISPASE CAUSING DEATH or in deaths from VIOLENT
18. BIRTHPLACE OF MOTHER (city or town) Fatonvi	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	19. Place of Burial, Cremation, or Removal   Date of Burial
14. Informant Mrs. Gerrlitz	19
' (Address)	20 Undertaker 0 Address
15. Filed 9 - 26 1935 6. d. Sta	in My and not have an
	Registrar

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the

spinal fever (the only definite synonym is "Epidemic

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased

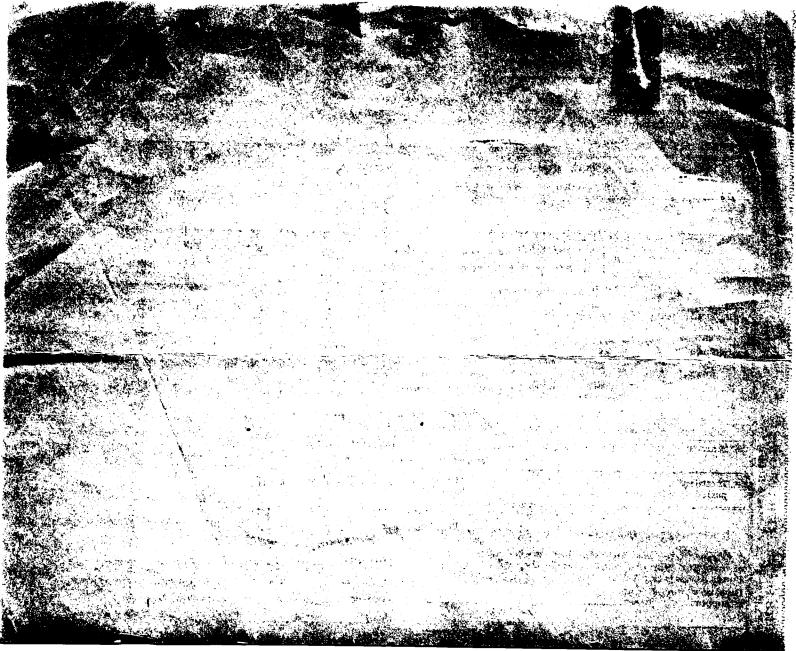
having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory."

355-101-055-995 PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARM BUREAU OF VITAL STATISTICS County of 236526 CERTIFICATE OF BIRTH City of 1009 State File No. ..... Registration District No. ... (If born in hospital of hattution give name.) 2. FULL NAME OF CHILD. 8. Date of 6. Premature 780 7. Legiti-If plural (4, Twin, triplet, or other...... birth. 7210 mate? births Full term (Month, Lay, Year) 5. Number, in order of birth..... MOTHER 118. Full FATHER ö 9. Full maiden name number name 19. Residence (usual place of abods)
(If non-resident, give place and State) Clarkolomy Wa 10. Residence (usual place of abode) (If non-resident, give place and State). Clarkston, Wn. PERMANENT 13. Birthplace (city or place) 900 22. Birthplace (city or place)...... and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, A PE each, kind of work done, as spinner, sawyer, bookkeeper, etc. 8 6 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, **水源**增加 lawyer's office, silk mill, etc. made sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work IG INK-must be in this work..... in this work seven at present 19. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING to Return m (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...Q... (b) Born alive but now dead...Q.... (c) Stillborn.....Q. Before labor..... months 6/2 30. Cause of stillbirth..... 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at Z R m. on the date above stated. I hereby certify that I attended the birth of this child, who was .... (Born Mine or Stillborn) When there was no attending physician ) or midwife, then the father, hoseholder, etc., should make this return. .... Midwife Give name added from a supplemental report.... (Date of) Registrar.



PLACE OF BEATH	DEPARTM	STATE OF IDA	IC WELFARE	DO NOT WRITE	IN THIS SPACE
County of Nezperce Lewiston		U OF VITAL S	F DEATH	95448	additions of the server
City of Lew 18 ton			1000	State File No	
	ū	District No	No. 96	Local Registrar's	No
	No St J	oseph Hos	spital	Local Registrars	(
(If death	occurred in a hosp Son Mr &	ital or institutio	n, give its name ins	stead of street and nun	iber)
2. 4 OHH HAMES	h & Highla		ston Wash.		Y
(Usual place of abo	de)		(If nonre	Stsident give city or to	wn and state)
Length of residence in city or t		<del></del>		g in U.S., if of foreign b	
3. SEX 4. Color or		CULARS arried, Widow-		AL CERTIFICATE OF Sept 15	1935
Male White	ed or Divol	ngle the		ATH (month, day and	
5a. If married, widowed, or			0 11	ERTIFY, That I atte	nded deceased fro
HUSBAND of				live on Left. 15	• •
6. DATE OF BIRTH (month	t 15 1935		to have occurred	on the date stated ab	ove, atm
7. AGE Years Mon		If LESS than 1 day, hrs.	The principal cau tance were as	ise of death and relat follows:	ed causes of impo
		or min.			
8. Trade, profession, or pakind of work done, as sawyer, bookkeeper, e	spinner,		Grima	and the	
9. Industry or business in	which		6170	me suare	****
work was done, as sill saw mill. bank, etc  10. Date deceased last woed at this occupa		e (vears)	2		
ed at this occupa (mo. and yr.)	tion   spent in the	n 18	Other contribut	ory causes of importan	ice:
12. BIRTHPLACE (city or t	own Lew is. t.o.	1	nepter	us finigna	·····
(State of Country)		TORUO			
13. NAME Wilbur (14. BIRTHPLACE (city (			Name of operation	n	Date of
14. BIRTHPLACE (city (State or country)	or town)LLL	ino1.s	What test confirm	ed diagnosis? (Was	there an autopsy?
15. MAIDEN NAME Da	lsy Ziegle:	·		due to exter'l causes (	
16. BIRTHPLACE (city of	or town)		Accident, suicide,	or homicide? I	
(State or country)	Tasn	9	(S	pecify city or town, co	unty, and state)
17. INFORMANT Wilbur. (Address) Clar	kston Wash	•	Specify whether :	injury occurred in ind	ustry, in mome, or
18. BURIAL, CREMATION	or REMOVAL Idaho Date.		Manner of injur	<u> </u>	
77	ar- Shaugh		Nature of injury 24. Was disease of	or injury in any way r	elated to occupati
19. UNDERTAKER VASS. (Address) Lewi	ston Id ho	<del>у</del>	of deceased? V	Ulf so, specify	
	5.9.m.h	Registrar.	(Signed)	Lucista	Black
	" m	/ Mogratian.		47-	<del></del>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "inill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by staging the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Dute of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

## DISINTERMENT PERMIT

# STATE OF IDAHO DEPARTMENT OF PUBLIC HEALTH BOISE, IDAHO

PPLICATION HAVING BEEN MADE for t	the disinterment of the body of	Donavon Lee	
now lying buried in Normal		Lewi	Lston
now lying buried in Normal	Cemetery, in the	e city or lown of	
county of Nez Perce State of 10	daho, who died on the 15 day of	Sept., 1935 Aged	yearsmonths
days, the cause of death being_	Premature		and
not directly or indirectly by diphthe or yellow fever as shown by the certi	erra. (ilielibrations croud). Scarrer reve	r;smallpox;leprosy;asiatic iven by	
Pau	1 G. Haury		_attending physician
THIS IS TO CERTIFY that permission		pr	ivate
THIS IS TO CERTIFY that permission	is hereby given for such disintermen	rivate o	r railway conveyance
oVinelandCemetery	in the city or Town of Clar	ston County of_	r railway conveyance
Nez Perce it being un nywise modifying or releasing the Re orpses or the requirements for a Tra overned accordingly; and provided fu art of the same cemetery, or in a co isinterment and removal must be done emains are to be removed from the ce ined outer case before removal.  ermit issued to:	derstood and provided that nothing to equilations of the pepartment of public ansportation permit, and all Transportation permit, and all Transportation, that where the disinterment in thiguous cemetery, the removal shall a under the personal supervision of a metery they (including the disintermetery they (including the disintermetery under my hand and Seal of the this	herein shall be deemed as of the Health governing the Transitation Companies and Communis for the purpose of reint of the made by any public a licensed Embalmer in good red casket), must be enclosed Embalmer in good casket).	contravening or in ansportation of on Carriers will be terment in another c conveyance. The d standing. If the sed in a new metallic
he foregoing application for disinte	erment and removal is hereby approved		

orm DPH-48019

		·	

655-207-035-413	
County of Yea Perce	DEPARTMENT OF PUBLIC WELLS 236528
No. St. Josepha Waspital Registration D	certificate of Birth sistrict NoState File No
	tion District No. 96 Local Registrar's No
8. Sex Jimal If plural 4. Twin, triplet, or other. The births 5. Number, in order of birth Fu	remature
l	18. Full MOTHER maiden
10. Residence (usual blace of spode) (If non-resident, vive place and State) Yeuroten, Saa	name Sucinda ann Matthews  19. Residence (usual place of abode)  (If non-resident, give place and State)
11. Color or race	20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
H 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which  Work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work in this work in this work	25. Date (month and year) last engaged in this work  10 in this work.
27. What prophylactic was used to prevent Ophthalmia Neonat	
28. Number of children of this mother # (At time of this birth	and including this child)  vilving 1113 (b) Born alive but now dead. (c) Stillborn 1
28. Number of children of this mother (At time of this birth  (a) Born alive and now  29. If stillborn, months or weeks	30. Cause of stillbirth
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was When there was no attending physician or midwife, then the father, hoseholder, etc., (S	PHYSICIAN OR MIDWIFE at page on the date above stated.  (Born Alive or Stillborn)
should make this return.	Signed) Sand Hanry M. D.
Give name added from	ddress Lewiston, Idaho,
(Date of)	iled (let 1, 198, 5 Om Lule)
Beristrer.	Registrar.

J. 45.



STATE OF IDAHO should DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of. State File No..... Registration District No. 1994 96 Primary Registration District No. Local Registrar's No..... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME... Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, /yrs. /mos. /ds. How long in U. S., if of foreign birth? yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 50442 1935 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at The principal cause of death and related causes of impor-ACL Years Months Days If LESS than were as follows: Date of onset 1 day. . hrs. .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ...... occupation 12. BIRTHPLACE (city or town (State or country) 13. NAME Date of ... 14. BIRTHPLACE (city 6r What test confirmed diagrams .... Was there an autopsy? (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town Where did injury occur?.... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in public place. Manner of injury... Nature of injury ... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?.. Mo If (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

PVAMDIE

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

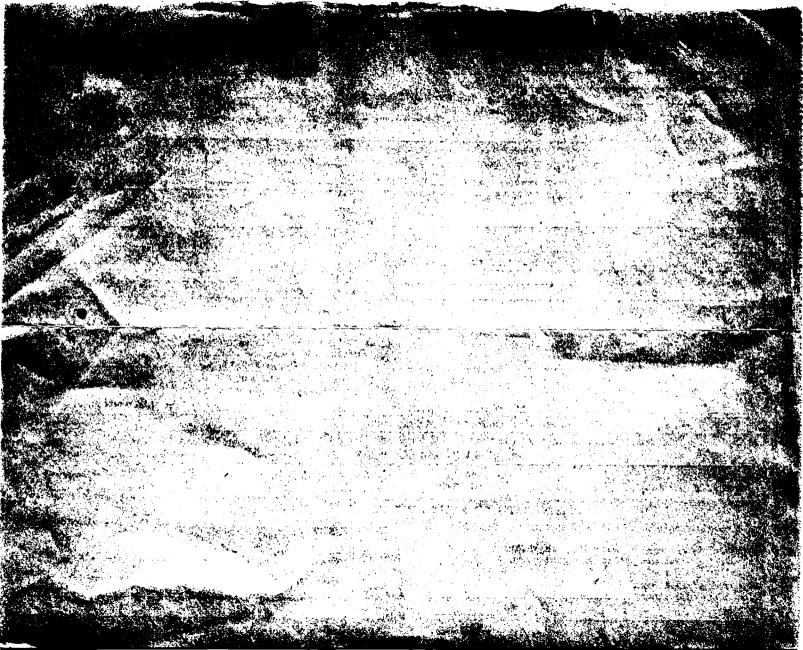
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

LAAMI LL I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of oase	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of Importance: Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
	<del></del>			

279-110035 STATE OF IDAHO SEP 12 1935 RECEIPMENT OF PUBLIC WELFAN NT OF PUBLIC WELFARE County of..... 236533 City of. CERTIFICATE OF BIRTH Registration District No. 1009 State File No. Prin. Registration District No. 46 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD...... 8 Date of Premature WA If plural [4. Twin, triplet, or other...... birth . R. Sex hirths 5. Number, in order of birth.... mate? Full term..... (Month, Day, Year) male MOTHER li18. Full 9. Full FATHER maiden name Da Egare name 10. Residence (usual place of abode) 19. Residence (usual place of above) (If non-resident, give place and State) (If non-resident, give place and State)..... 11. Color or race / 12. Age at last birthday 25 (years) 20. Color or race 4 21. Age at last birthday 2 13. Birthplace (city or place) PERMA (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home, lawver's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... 28. Number of children of this mother (At time of this birth and including this child) months 29. If stillborn. period of gestation I manta During labor or weeks CERTIFICATE OF ATTENDING BAYSIC at 1:49 m on the date above stated. I hereby certify that I attended the birth of this child, who was .... (Born Div When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. ..... Midwife Give name added from child a supplemental report..... (Date of) Registrar.



SEP 10 1935 RRCE STATE OF IDAHO PLACE OF DEAT DO NOT WRITE IN DEPARTMENT OF PUBLIC WELFARE RECORD. Every item statement BUREAU OF VITAL STATISTICS State File No..... Registration District No Primary Local Registrar's No..... (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3, SEX 4. Color or Race: 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and book) /0 ed or Divorced (write the word) 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year I last saw h...alive on to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Month Davs If LESS than tance were as follows: Date of onset 1 day,... hrs .... min. 8. Trade, profession, or particular and of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc...... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this butory causes of importance: (mo. and yr.) ..... ocompation. 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city, or toy Where did injury occur?.... state CAUSE O OCCUPATION (State or commit (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ...... Manner of injury ... Nature of injury .... pelated to occupation Was disease injury in any way 19. UNDERTAKER of deceased? (Address) (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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EXAMPLE I		EXAMPLE II	
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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

374-118 042 967 OCT 11 1935 RECEIVED 1 236613 County of In case of more in order of birth sta BURBAU OF VITAL STATISTICS City of Livery Fa CERTIFICATE OF BIRTH Samitaria. Registration District No. (If born in homital or institu-Prim. Registration District No. 1083 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD. N. B.-7. Legiti-(f plara) 4. Twin, triplet, or other ...... 8. Premature... 8. Date of 3. Sex birtha Full term 19 mete? 4 RECORD. 5. Number, in order of birth..... Otroit. Dec. Tenz 9. Full MOTHER FATHER 18. Fulk maiden C name adisax som 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and Statenhum. (If non-resident, give place and State) 11. Color or race Zula. | 12. Age at last birthday 9 (years 20. Color or race 74 1 81. Age at last birthday 10 (years 13. Birthplace (city or place) 22. Birthplace (city or place) (State or country) (State or country) 28. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper typist, nurse, clerk, etc. 94451 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home. sawmill, bank, etc..... lawyer's office, slik mill, etc. 25. Date (month and year) 26. Total time (years) spent 90 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? **UNITADING** 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q.(b) Born alive but now deed.......(c) Stillborn. with una months Before labor..... or weeks 80. Cause of stillbirth. As bhussis 29. If stillborn. period of gestation 7220. During labor Austr CERTIFICATE OF ATTENDING PHYSICIAL OR EDWIFE I hereby certify that I attended the birth of this child, who was INLY When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report.....(Date of) Registrar.

THE RESERVE TO THE PARTY OF THE Months to the new the hier The state of the s to the state of th The state of the s the second of second second The second second The Alexander of the State of t Name of the last of the same o LAMELDAN POPULATION THE RESIDENCE OF THE PARTY OF T The state of the s Commenced transferred the previous challenges to be a second to the second transferred transferred to the second transferred and the state of t CHEST CONTRACTOR OF CHEST OF THE CASE OF CHEST was the same and the same of the same and the same and

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN		
		•		

PLACE OF BIRTH TMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of 236622 of more birth st CERTIFICATE OF BIRTH City of... 7 State File No. Local Registrar's No. 40 Prim Registration District No. 2083 (If born in hospital/or institution give name.) 2. FULL NAME OF CHILD... 8. Date of 旦 6. Premature 1 es If plural (4. Twin, triplet, or other..... · 22 193 birth.... 3. Sex mate? NCo 5. Number, in order of birth.... (Month, Day, Year) Full term MOTHER ||18. Full FATHER 9. Full maiden name name Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) of non-resident, give place and State)..... 11. Color or race( | 12. Age at last birthday (years) 20. Color or race( 21. Age at last birthday (years) 13. Birthplace (city or place) Column 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular each, of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill sawmill, bank, etc.

16. Date (month and year) last engaged in this work kind of work done, as spinner, tousewife typist, nurse, clerk, etc. 24. Industry or business in which work was done, as own home, 9 lawyer's office, silk mill, etc. be made 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work in this work in this work 1295 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING. (At time of this birth and including this child) 28. Number of children of this mother Before labor..... months 29. If stillborn, 30. Cause of stillbirth period of gestation..... During labor..... WITH Separa CERTIFICATE OF ATTENDING PAYSICIAN OR SUDWIFE m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician (Signed) ..... or midwife, then the father, hoseholder, etc., should make this return. **Midwife** Give name added from WRITE one child Address a supplemental report (Date of) 193... Begistrar.

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should ION is	1. PLACE OF DEATH.  County of Will Edite.	1 1935 a CERTIFICATE	A	VI. "L SIATISTICS
LD PHYSICIANS should 9f OCCUPATION is	If death occurs away from usual residence, give facts	Primary Registration Distriction (No. Twin Falls, General Name Unnamed	ralHospitalst)  Local Registrar's  If  pit  given	death occurred in a hos- al, institution or camp, re its NAME instead of reet and number.
		5. SINGLE, MARRIED, WID- OWED OR DIVORCED stillbirth	medical certificate of death Aug	20 F
S S S S S S S S S S S S S S S S S S S	female white	(Write the word)	(Month)	(Day) (Year)
BINDING. IS A PERMANENT H Should be stated EXAC classified. Exact state	6. DATE OF BIRTH Aug. (Mont	28 1935 h) (Day) (Year)	17. I HEREBY CERTIFY, That I Aug. 22, 1935 19 to Aug	<b>9.26,</b> 1935 19 ,
<b>8891</b>	7. AGE StillbirYrsMos			ted above, atM.
MARGIN RESERVED, WITH UNFADING INK—inould be carefully supplied, terms, so that it may be pr n back of certificate.	8. OCCUPATION  (a) Trade, profession or particular kind of work	Falls, Idaho	(Signed)  (Signed)  (State the Disease Causing Death: or	mos. ds.  M. D.  in deaths from Violent
E PLAINLY nformation s I'H in plain istructions o	(State or Country) Onlo		Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents.)	
WRITE n of info DEATH See instr	18. BIRTHPLACE OF MOTHER (State or Country) W THE AROYE IS TRUE TO THE	ashington HE BEST OF MY KNOWLEDGE COTT,	At place In the of deathyrsmosds Where was disease contracted	
N. B.—Every iten state CAUSE OF very important.	(Address) Kimbe	Triy, trans	19. PLACE OF BURIAL OR REMOVAL none 20. UNDERTAKER none	
	l		<u> </u>	<del>-'</del>

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman. (b) Grocery: (a) Foreman. (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility," ("Congental," "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sensis. tetanus) may be stated under the head of "Contributory."

PLACE OF BIRTH SEP 28 1935 RECEI VINDERTHENT OF PUBLIC WILLIAM OF VITAL STATISTICS In case of more than, in order of birth stated. County of. City of Boise.ldao No. 1617 N. 24. st. The Salvation Army Home. Registration District CERTIFICATE OF BIRTH (If born in hospital or institu-Prim. Registration District No. Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Baby Garrison Stillbirth. N. B. if plural 8. Date of 3. Sex birth 8-21-35 100 births 5. Number, in order of birth.... Full termyes. mate?...ves RECORD. 9. Full FATHER 18. Full MOTHER name maiden Foland Garrison Cleo Bowman. name 10. Residence (usual place of abode) Kuna Idaho 19. Residence (usual place of abode) Kuna. ldaho (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State)..... 11. Color or race...W... | 12. Age at last birthday... ... (years) 22. Birthplace (city or place)..... 13. Birthplace (city or place)..... (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. for A sawyer, bookkeeper, etc ..... typist. nurse, clerk, etc..... 15. Industry or business in which 24. Industry or business in which made work was done, as own home, lawyer's office, silk mill, etc. ...Housewife..... work was done, as silk mill, OCCUP/ sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent must be 16. Date (month and year) last engaged in this work 17. Total time (years) spent INK ...... 19 in this work.......... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Soparate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living......(b) Born alive but now dead......(c) Stillborn.Q..... Before labor months 29. If stillborn, Mus During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was .. m. on the date above stated." When there was no attending physician ! or midwife, then the father, householder, etc. should make this return. Give name added from Registrar.











SEP 13 1935 KELLIVE STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN TE DEPARTMENT OF PUBLIC WELFARE statement County of Ada BUREAU OF VITAL STATISTICS RECORD. Every City of Boise State File No..... Registration District No. Primary Registration District No. Salvation Army Rescue Home (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Baby Garrison Kuna, Idaho Residence. No. St. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos, ds. How long in U. S., if of foreign birth? yrs, mos, ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. Single, Married, Widow. 4. Color or Race! 21. DATE OF DEATH (month, day and year)8/21/35,193 ed or Divorced (write the word) Single HEREBY CERTIFY. That Lattended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of last saw h...alive on Jakkb. ... death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. **∆**ugust 21. 193 The principal cause of death and related causes of impor-7. AGE Years Months If LESS than Davs tance were as follows: Date of onset 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town)...... (State or country) Roland Garrison 13. NAME Date of..... Name of operation.... What test confirmed diagnosis?.... Was there an autopsy (State or country) MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Cleo Bowman the following: Accident, suicide, or homicide?..... Date of injury.., 193. Mo . 16. BIRTHPLACE (city or town)...... Where did injury occur?.... Ō (State or country) (Specify city or town, county, and state) state CAUSE OCCUPATION Roland Garrison Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) Kuna Idaho public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date . 8/22/35193... Place... Morris. Hill..... Nature of injury..... 24. Was disease or injury in any way related to occupation W. McBratnev 19. UNDERTAKER of deceased? ..... (Address) (Signed)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EXAMPLE I

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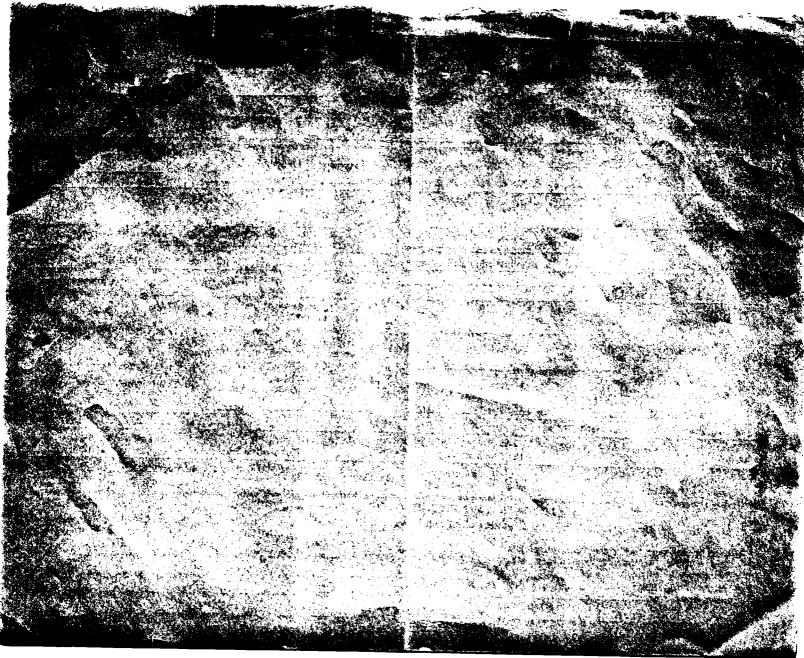
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,			

v.6 1935 RECEI MOUNT OF PUBLIC WELFARE of more unad birth stated TAU OF VITAL STATISTICS 236758 County of CERTIFICATE OF BIRTH State File No. Registration District No. -ಕ Prim. Registration District No. 1004 case Local Registrar's No. ...[Q (If born in hospital or institution give name.) 2. FULL NAME OF CHILD. 8. Date of Premature 900 7. Legitibirth 10 - 2 -If plural [4. Twin, triplet, or other.... mate? Full term (Month, Day, Year) 5. Number, in order of bitth MOTHER 18. Full FATHER 9. Full maiden / name. name 19. Residence (usual/place of abode) 24/0 14 of laws 10. Residence (usual place of abode) (If non-resident, give place and istate) (If non-resident, give place and State)... PERMANENT (years) 20. Color or race 21. Age at last birthday 32 (years) 11. Color or race | 12. Age at last birthday 34 the 22. Birthplace (city or place)... 18. Birthplace (city or place)..... and (State or Country) (State or Country) 23. Trade, profession, or particular kind / 14. Trade, profession, or particular each, of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill lawyer's office, silk mill, etc. .... sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work... in this work .... \_\_\_\_ 19**.3**5 27. What prophylactic was used to prevent Ophthalmiz Neonatorum? UNFADING ate Return mu (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn Genetar Rubof During labor months 30. Cause of Stillbirth 29. If stillborn. WITH UN Separate or weeks Before labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSIC  $\bar{a}$  m, on the date above stated. I hereby certify that I attended the birth of this child, who was (Born Alive or Stillhos đ When there was no attending physician at birth ... M. D. (Signed) or midwife, then the father, hoseholder, etc., ..... Midwife should make this return. Give name added from Address a supplemental report..... (Date of) Filed ... Registrar. Registrar.



County of	F DEATH) Ada 1se	BUREAU OF VITAL S CERTIFICATE O	ic welfare Tatistics	DO NOT WRITE IN T	THIS SPACE
2. FULL NAM	LOIS HOL		No. 100 # Hospital* dive its name instead		295
(IIsu		O Woodlawn Ave			and state) yrs. mos. de
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDIC	CAL CERTIFICATE OF DE	<b>ATH</b>
3. SEX Famale	4. Color or Race White	5. Single, Married, Widow- ed or Divorced (write the word)	21. DATE OF DEA	TH (month, day and year)	2 193
HUSBAND (		1	Still	ve on	193
7. AGE Yes		Days If LESS than 1 day A hrs. or min.	to have occurred on	the date stated above, at	m.
9. Industry of work was saw mill, 10. Date de ed at t	ofession, or particuly ork done, as spinne ookkeeper, etc.  or business in which done, as silk mill, bank, etc.  ceased last work-his occupation  yr.)	11. Total time (years) spent in this		Dry causes of importance:	
(State o	CE (city or town)		to exce	lus lator	due
	Edward A  LACE (city or town e or country)	Little Falls	What test confirme	d diagnosis? Was there	an autopsy?
15. MAIDEN 16. BIRTHP	NAME Fran	zl Louise Rose  a) Seattle Wash	following: Accident, suicide, or Where did injury o	r homicide? Date of	injury, 193
17 INFORMAN		huan	Specify whether in	Specify city or town, count njury occurred in industry,	in home, or i
18. BURIAL,	REMATION OR RE	MOVAL /0 0000 Date	Nature of injury		
19. UNDERTAR (Address		Some W. Ga	deceased?	injury in any way related	
20. FILED.	195 K	Registrar P	(Signed) (Address		Ida M. I

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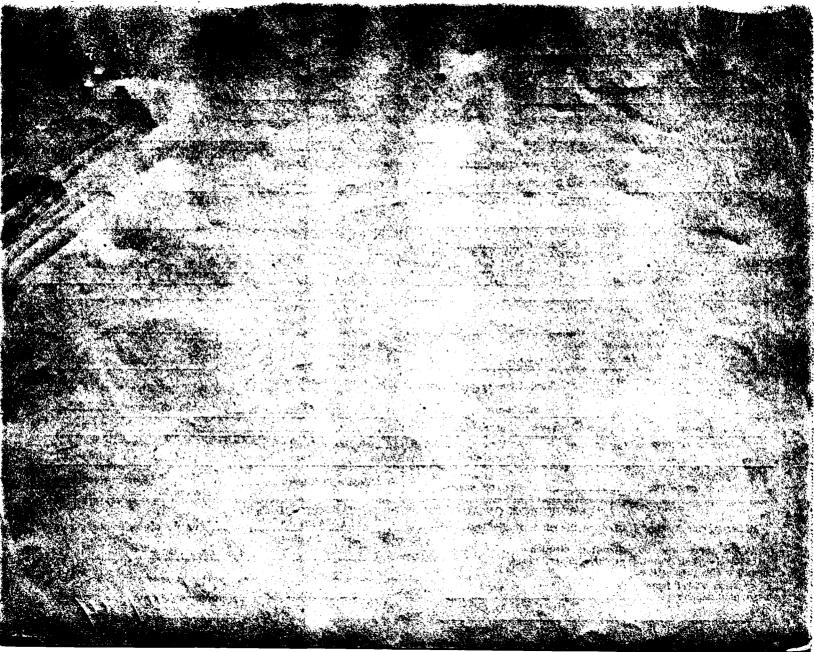
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Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTI	HER STATEMENTS BY PHYSICIAN	·
			*****************



DO NOT WRITE IN THIS SPACE State File No..... Local Registrar's No (If nonresident give city or town and state) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year Oct. 231985. 22 I HEREBY CERTIFY, That I attended deceased from The principal cause of death and related causes of impor-Date of easer What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also Accident, suicide, or homicide?..... Date of injury... 193. (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in

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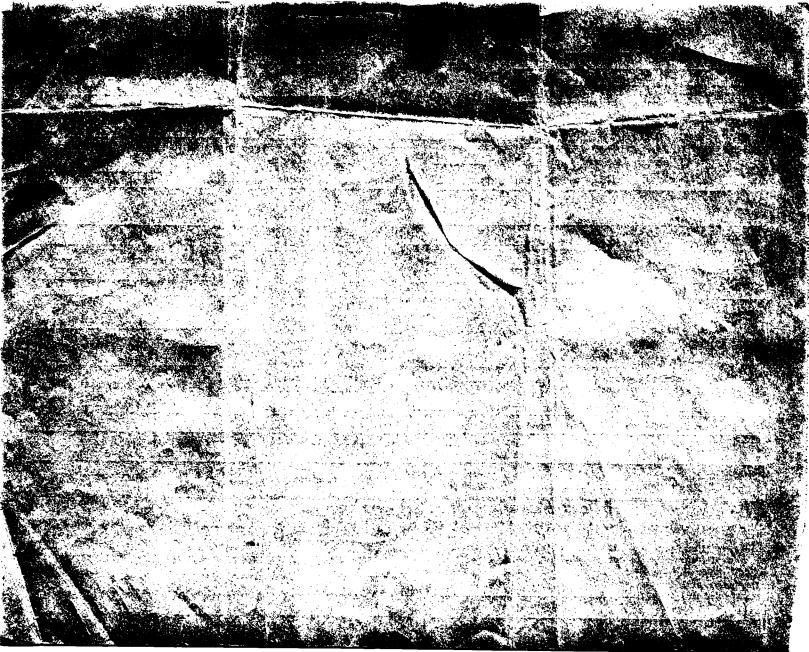
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other Contributory Causes of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	



PHYSICIANS should state OCCUPA-DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 95577 County of CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. Local Registar's No statement RECORD. (If death occurred in a hospital or institution, give its name instead of street and number) (a) Residence. No. (If nonresident give ofter or town and state) (Usual place of abode) Length of residence in city or town where death occurred. yrs. pos. ds. How long in U. S., if of foreign birth? yrs. mos. PERMANENT EXACTLY MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. Color or Race 45. Single. Married. Widows 3. SEX 193 21. DATE OF DEATH (mag ed or Divorced (write BINDING 22. I HEREBY CERTIFY. That I attended deceased from Af married, widowed, or divorced stated HUSBAND of (or) WHE OF certificat 6. DATE OF BIRTH (month, day to have occurred on the date stated above, at Months If IMESS than AGE The principal cause of death and related causes of importance 1 day ..... hrs. should were as follows: Date of ones profession, or particular OCCUPATION kind of work done, as spinner, AGE sawyer, bookkeeper, etc. ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... 10. Date deceased last work- 11. Total time (years) See instruction supplied. spent in this ed at this occupation Other contributory causes of importance: (mo. and yr.) ...... 12. BIRTHPLACE (city or town) (State or country) carefully FATHER 13. NAME plain What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) (State or country) important. 23. If death was due to exter'l causes (violence) fill in also the DEATH in following: PLAINLY, should be Accident, suicide, or homicide?..... Date of injury....., 193.... 15. MAIDEN NAME Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in very O.F. 17 INFORMANT nformation public place. (Address) Manner of injury..... CAUSE Nature of injury..... LION 24. Was disease or injury in any way related to occupation of 19 UNDERTAKER deceased? ..... If so, specify (Address) (Signed) .... (Address) .....

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of very
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from pusiness, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home
FUL & Wollan whose only occupation was that of home housework, write housewife in answer to Question 2 and own home in answer.
o Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term
as sevent private formily sock hotel etc. Flore sevent wages, nowever, designate the occupation by the appropriate term
servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or paricular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

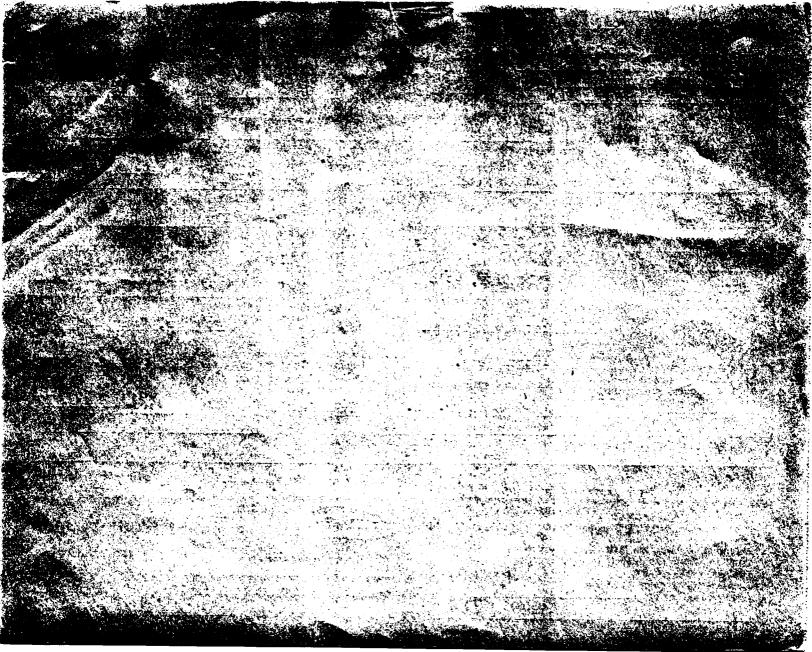
In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or hydrogen and the use of such as a spinner, weaver, etc.

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ADDITIONAL SPACE I	FOR FURT	HER STATEMENTS BY PHYSICIAN		
	******		***************************************	
	***************************************		****************	
			***************************************	
		•	/*******************	



OF IDAHO RECORD. Every item DO NOT WRITE IN THIS SPACE OF PUBLIC WELFARE County of Bannock VITAL STATISTICS City of - Pocatello State File No..... Registration District No..... Primary Registration District No. Local Registrar's No ... General Hospital Pocatello (If death occurred in a hospital or institution, give its name instead of street and number) Infant Morris 2. FULL NAME.  ${f Pocatello.}$ Idaho. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred yrs mos. Ods. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) Oct. 4.198 5. ed or Divorced (write the word) Male White Single 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of ..... 193...., to ........ 193.... 193.... (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h...alive on ................... 193....: death is said October 1935. to have occurred on the date stated above, at ......m. 7. AGE Years The principal cause of death and related causes of impor-Months If LESS than Days tance were as follows: Date of onset 1 day,... hrs. O or ..... min. 8. Trade, profession, or particular rade, profession, of particular kind of work done, as spinner, Still-Born 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... occe 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ...... occupation ..... Pocatello. 12. BIRTHPLACE (city or town) .. (State or country) Idaho. C. Morris Frank 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town) Salt Lake City Utah: (State or country) What test confirmed diagnosis?.... Was there an autopsy?... 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME Kate Kelly the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or town)...........
(State or country) Where did injury occur?..... owa. (Specify city or town, county, and state) Frank C. Morris Specify whether injury occurred in industry, in home, or in (Address1218 East Center St. Poca. public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Place Pocatello, Idaho. Dat Oct. 4,193 5 Nature of injury..... Hall Mortuary 24. Was disease or injury in any way related to occupation Pocate (Address) of deceased?..... If so, specify..... (Signed) Pocatello, Idaho. 20. FILED Oct. 4, 1935.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

\_\_\_\_\_

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
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11.—The number of years the deceased followed the occupation.

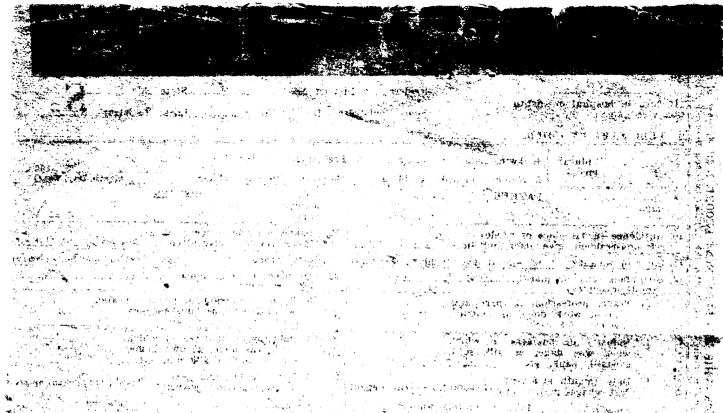
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Other CONTRIBUTORY CAUSES of importance:	May 1 1023	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 1000
Cattorino	may 1, 1020	Custi be met ms	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

MV 13 1935	
113-110-203-815 Registrati	on District No. State File No.
474 hours in Donation on together	distration District No. 2/6/ Local Registrar's 1059
2. FULL NAME OF CHILD	
3. Sex births 4. Twin, triplet, or other 5. Number, in order of birth	birth 198.4.
9. Juli Shame Hard Jacobsen	18. Full MOTHER maiden name arah Louise Hausen
10. Hesidence (usual place of appele)  11 non-resident, give place and State State	19. Residence (usual place of abode) (If non-resident, give place and State)
The same of the sa	ears) 20. Color or race
13. Birthplace (city or, place) (State or country)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinned.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
work was done, as silk mill sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 17. Total time (years)	pent 25. Date (month and year) 26. Total time (years) spen last engaged in this work in this work
19 in this work 2. 17	a Neonatorum? 193 in this work
illas sv. s a skildman of this most have (At time of this	birth and including this child) now living./(b) Born alive but now dead(c) Stillborn/
po. 104 01 81 11 11 11 11 11 11 11 11 11 11 11 11	stillbirth. Unique   Before labor
CERTIFICATE OF ATTE	NDING PHYSICIAN OF MIDWIFE
I hereby certify that I attended the birth of this c	hild, who wis like a love stated
When there was no attending physician ( or midwife, then the father, householder,  etc., should make this return.	(Signed) , M. I
Give name added from	a manufacture of the
a supplemental report(Date of)	Address 12 May 1935 May 9 9 128
Registrar.	Hegistra)
the state of the s	



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44		5 1935 MALO LES STATE OF ID	AHO
Ę	Scu	PLACE OF DEATH O DEPARTMENT OF PUB	LIC WELFARE DO NOT WRITE IN THIS SP
item		County of 3 annua BUREAU OF VITAL S	1 7 15173 7
ery	should t of O	City of Bancroft Parietration District No.	* 64
Ą	ien (S	City of I. J. Registration District No Primary Registration Distri	0 1 / 1
Ö.		•	•
RECORD	SICIA t state	(No(If death occurred in a hospital or institution)	give its name instead of street and number.)
KEC	H Y.	2. FULL NAME	St
I L	R	(a) Residence. No	(If nonresident give city or town and state) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
KE	STLY.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G	ACTL	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorged (write the word)	21. DATE OF DEATH (month day, and year) 9-10 1935
DING	EXA class	Male I Jourge	22. I HEREBY CERTIFY, That I attended deceased from 193
ZA	च <u>^</u> 5	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw halive on, 193: death is said
BI	state operl ertifi		to have occurred on the date stated above, at
OB S I	pro f ce	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	were as follows:
D F	를 <sup>3</sup>	1 day,hrs. or min.	Fulltains-Church
K-T	shor may bac	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.	unknown
SER	GE t it	9. Industry or business in which work was done, as silk mill,	
RE	pplied. And, so the instruction	saw mill, bank etc	Other contributory causes of importance:
NA	lied , go	this occupation (month and spent in this occupation	
NF.	upp rms o in	12. BIRTHPLACE (city or town) Day (State or country)	
MA	Se te	13. NAME Lyman Ward Jacobsen	Name of operation
	carefull; n plain rtant.	13. NAME Syman Hard Jacobsen  14. BIRTHPLACE (city or town) 31 wormington  (State or country)	What test confirmed diagnosis? Was there an autopsy?
3	d be carefu TH in pla important	(Shine of County)	23. If death was due to exter% causes (violence) all in also the following:  Accident, suicide, or homicide?
ξ,	d be TH	15. MAIDEN NAME Sarah Jouish Januar 16. BIRTHPLACE (city or town) Minh July (State or country)	Where did injury occur?  (Specify city or town county, and State)
Z		(State or country)	Specify whether injury occurred in industry, in home, or in public
PLA	should DEA	17. INFORMENT trom leight configurable	place
Ä	ion OF	18. BURIAL, CHEMATION, OR REMOVAL	Manner of injury
WRITE	ormat USE TIO	Place Sign / - 32 Daniel 193	24. Was disease or injury in any way related to occupation of deceased?
Ž	for AU AT	19. UNDERTAKER (Address)	If so, specify
ä	A C E.	20. FILED 7 10 193 5 Mrs. G. G. Tis	(Signed), M. D.
ż	: 	Begistrar.	(Addition) for the first of the

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of ous pursuits can be known.

Seed had retired from business, report the occupation prior retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
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244003 666 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of RECEIV BUREAU OF VITAL STATISTICS 236831 CERTIFICATE OF BIRTH Registration District No. ...... State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2/6 ....Local Registrar's No.... tion give name.) FULL NAMES OF CHILD If plural 4. Twin, triplet, or cher...... 8. Date of birthe birth. 5. Number, in order of birth..... 18. Full MACHIER FATHER number 19. Residence (usual place of abode) 10. Residence (usual place of algore) (If non-resident, give place and State (If non-resident, ove place and PERMANENT each, and the 20. Color or race. | 21. Age at lest birthden 12. Age at last birthday. 11. Color or race. 13. Birthplace (city or nlene) 22. Birthplace (city or ale (State or country) (State or country) 14. Trade, profession, of particular 23. Trade, profession, or particular kind of work done, as housekeen kind of work obje typist, nurse, clerk, etc. Itsula 15. Industry or business 24. Industry or business in which made work was done, as own home work was done, as si lawyer's office, wilk mill can like sawmill, bank, etc. 25. Date (month and year) 26. Total time (years) spent 2 16. Date (month and year) lest engaged in this work 17. Total time (years) spent engaged in this work must in this work 10 in this work... ..... 19...... 27. What prophylactic was used to prevent Ophthalula Neonatorum? ...... Return 28. Number of children of this mother (At time of this birth and including this child) Before labor..... months or weeks 30. Cause of stillbirth 29. If stillborn, During labor ..... period of gestation .... CERTIFICATE OF ATTENDING BEAT on the date above stated. I hereby certify that I attended the birth of this child When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... Registrar.

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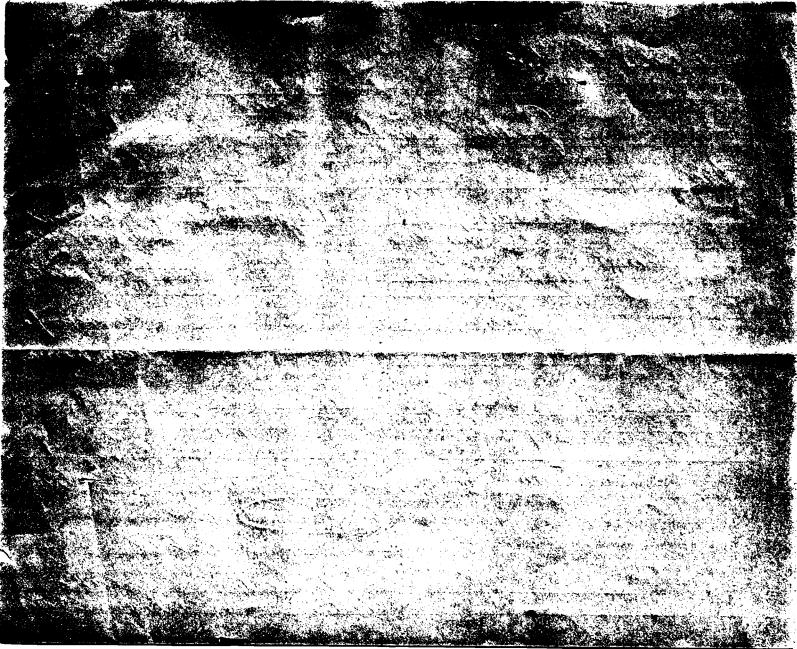
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NOV 8 1935 RECE STATE OF TDAHO TMENT OF PUBLIC WELFARE County of EAU OF VITAL STATISTICS City of Z CERTIFICATE OF BIRTH No. State File No. Registration District No. . case of ocal Registrar's No. .. (If born in hospital or institution give name.) Prim. Begistration District No. 2. FULL NAME OF CHILD... 8. Date of 6. Premature.... If plural (4. Twin, triplet, or other..... 7. Legiti-3. Sex. birth. births 5. Number, in order of birth... Full term> (Month, Day, Year) 9. Full MOTHER FATHER 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (drual place of abode) (If non-resident, give place and state) (If non-resident, give place and State) The level 11. Color or race. 12. Age at last birthday 3 (years) 20. Color or race. 12. Age at last birthday 3 (years) 22. Birthplace (city or place) Brack foot 13. Birthplace (city or place) haliner (State or Country) (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, Nausen sawyer, bookkeeper, etc. ..... typist nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. ..... lawyer's office, silk mill, etc. .. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work ZK in this work... in this work. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn During labor 29. If stillborn. months 30. Cause of Stillbirth period of gestation. Before labor CERTIFICATE OF APPENDING PRO m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. WRITE PL. Midwife Give name added from a supplemental report..... Address\_ (Date of) 1100. Filed one Registrar. Rogistrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No .... Registration District No. Primary Registration District No (No. or institution give its name instead of street and number 2. FULL NAME. Residence. No ... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed or Diverced (write the 21. DATE OF DEATH (month, day and year) word) HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (njenth, day, and year) to have occurred on the date stated above, at .....m. . AGE Years The principal cause of death and related causes of impor-Months If LESS than 1 day .... hrs. Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) at this occupation spent in this causes of importance: (mo. and yr.) . occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193. Where did injury occur?..... (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ...... 18. BURIAL, Manner of injury..... Nature of injury..... 24. Was disease or injury in any way/related to occupation (Address) Registrar.

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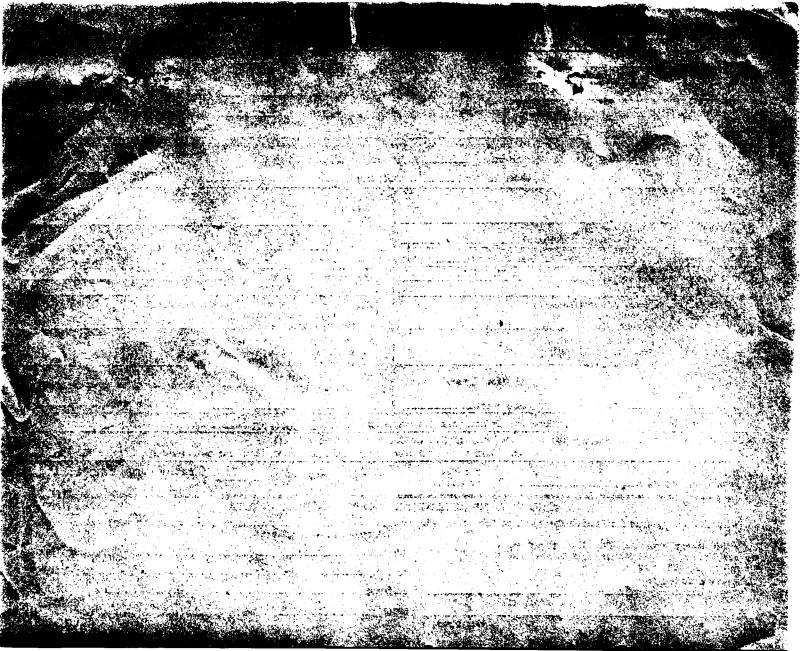
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		·	

1. PLACE OF BIRTH  County of Ganyon \$101, 10 1005 F	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
County of Caldwell WOV 12 1935	DEPARTMENT OF PUBLIC WELFARE 237051 PUBLICATE OF BIRTH
1 NO	
Registrat	ion District NoState File No
(If born in hospital or institution give name.) Prim. Re	gistration District No. 1005 Local Registrar's No. 241
2. FULL NAME OF CHILD Stillborn	<u>}</u>
If plural (4. Twin, triplet, or other	6. Premature
3. Sex Boy births 2. Twin, triplet, or other birth. 5. Number, in order of birth	
9. Full FATHER name	18. Full MOTHER
Homer F. Bledsoe	maiden name Daisy Marie Crawford
10. Residence (usual place of abode) Caldwell Ide (If non-resident, give place and State)	19. Residence (usual place of abode) Cald Vell, Ida (If non-resident, give place and State)
11. Color or race   12. Age at last birthday(y	ears) 20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place) MISSOUFI (State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, Farming sawyer, bookkeeper, etc. Farming  15. Industry or business in which	of work done, as housekeeper, Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
[16. Date (month and year)   17 matel 44 (month)	25. Date (month and year)
last engaged in this work in this work in this work	
	eonatorum? Stillborn
	birth and including this child)
	now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, fronths	Premature separation Before labor Yes.  30. tause of stillbirth During labor During labor
period of gestation or weeks	placentu   During labor
CERTIFICATE OF ATTEN	DING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, wh	o was Stillborn at 12:45 Pn the date above stated.
When there was no attending physician	(Signed) M. D.
or midwife, then the father, hoseholder, etc., should make this return.	/ Wm B Handford(1 1)
Give name added from	or Midwife
a supplemental report(Date of)	Address Caldwell, Idaho
***************************************	Filed ( 0 - / 0 - 55 , 198 Registrar.
Registrar.	negutrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE VITAL STATISTICS County of IYSICIAN Registration District No..... 001 Primary Registration District No. RECORD (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence. No..... (Usual place of abode) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the word) 22 I HEREBY CERTIFY. That I attended deceased 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) AGE Days If LESS than 1 day,... hrs or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo, and yr.) ..... occupation .. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) DE. 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury..., 193. Q F 16. BIRTHPLACE (city or town)... Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in information (Address) public place. ...... 18. BURIAL, CREMATION Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation (Address) of deceased?.. (Signed)

DO NOT WRITE IN THIS SPACE File No. 95666 (If nonresident give city or town and state) MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (month, day and year) 10-9 saw h....alive on ......................... 193....: death is said to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Date of onset Name of operation...... Date of.......

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

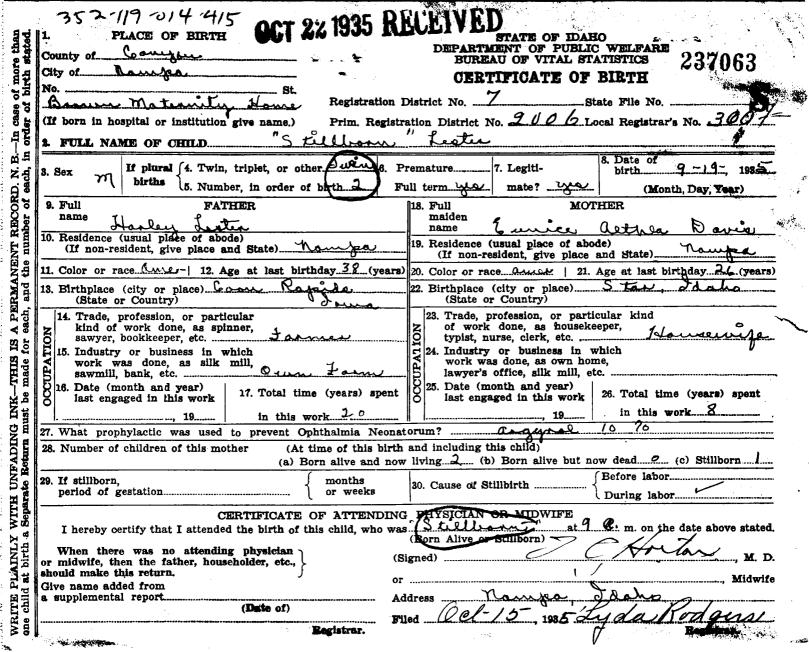
11.—The number of years the deceased followed the occupation.

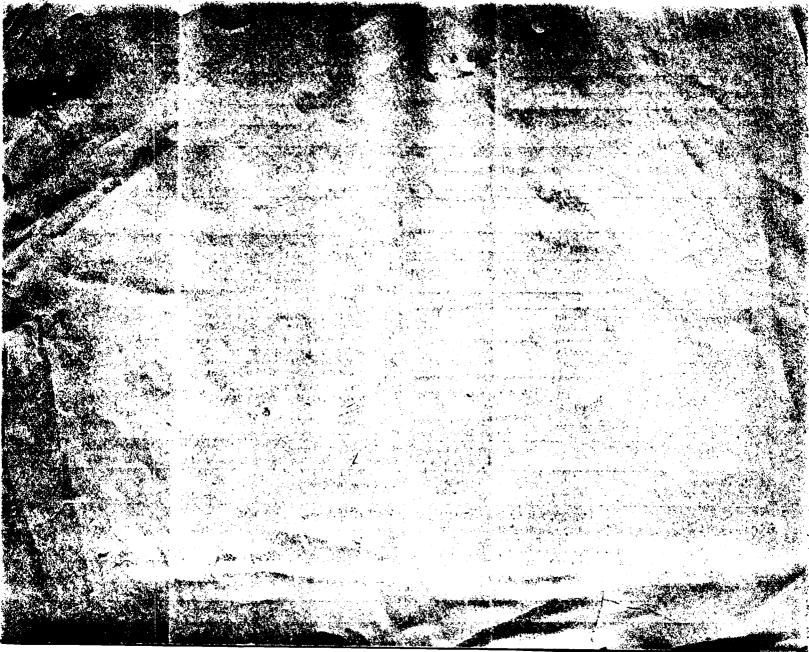
In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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F IDAHO PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 95287 State File No. RECORD. Ever Registration District No.. Primary Registration District No. 200 (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence: (Usual place of abode)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw haralive on . 2.7. 1937. : death is said to have occurred on the date\_stated above, at 🄏. The principal cause of death and related causes of impor-7. AGE Months Years Days If LESS than tance were as follows: 1 day .... hrs. Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) at this occupation spent in this butory causes of importance: (mo, and yr.) occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME / Name of operation...... Date of...... PAT 14. BIRTHPLACE (city or town What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury ... 193. 16. BIRTHPLACE (city or town Where did injury occur?.... (State or country state CAUSE OCCUPATION (Specify city or town, county, and state) 17. INFORMANTA Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OR Manner of injury..... Nature of injury...... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER (Address) of deceased?... (Signed) / (Address)

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

........

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular lar kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II			
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset		
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May·1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN			
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PLACE OF BIRTH STATE OF IDAHO County of County RECEIVE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of Bulky CERTIFICATE OF BIRTIN No. Registration District No. 1/7 State File No. (If born in hospital or institute Prim. Registration District No. 2/94 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD Drahea Plural N. B. 4. Twin, triplet, or otherway Premature KAZ Legiti-8. Date of births 5. Number, in order of birth. Full term...... mate? 4 RECORD. 9. Full FATHER 18. Full MOTHER name maiden 00. name Man 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident give place and State (If non-resident, give place and State) 11. Color or racetura | 12. Age at last birthday wears 20. Color or race.LLM... | 21. Age at last birthday 13. Birthplace (city or place) sillield w. 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper S A OCCUPATION sawyer, bookkeeper, etc. Van typist, nurse, UPATI 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mill. work was done, as own home, sawmill, bank, etc.... lawyer's office, stik mill, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. D. (b) Born alive but now dead. ... (c) Stillborn Before labor..... months 29. If stillborn, or weeks 30. Cause of stillbirth. period of gestation mo During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was ..... œ 2m. on the date above stated. PLAINLY Id at birth When there was no attending physician / or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... 당 Registrar.

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ARTMENT OF PUBLI WELFARE BOISE, IDAHO FROM 1DAHO 2149 IDAHO

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	item or id state OCCU-	- 1		PLACE OF DI	EATH :			SLIC WELFARE	DO NOT WRITE	IN THIS	SPACE
	# <b>25</b> 0	-	Com	ty of LOSsia			U OF VITAL			9:	5694
		H	Coun	th or property		CERTI	FICATE O	F DEATH	State File No		
	very shou it of		City	of		Registration	District No	//7	<del></del>		
	4 02 E			on marks # 1		degistration	District No	ict No. 2/9 G	Local Registrar'	a No	96
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į	<u> </u>			Usual place of residence in c	e of abode) ity or town whe:	re death occurr	ed. yrs. mos.	ds. How long in	(If nonresident give city U. S., if of foreign birth?		nd štate) mos. ds.
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	MAINE ACTLY Issified	ı		PERSONAL	AND STATISTI			MEDI	CAL CERTIFICATE OF	DEATH	
25	45∄	ı	3.SE	X . 4. CC	OLOR OR RACE	5. Single, Ma	arried, Widowed, (write the word)	21. DATE OF DEAT	H (month_day, and year)	9	ح <sub>193</sub> //
Ž	XA(XA)	ŀ	¥	»	W.	Infe		22. I HEREBY	CERTIFY, That I attended	ed deceased	d from
NIQN	4 M _ 4		5a. I	f maried, widowed	i. or divorced		I. V		, 193, to		193
	IS A F stated   roperly certifica			HUSBAND of (or) WIFE of				I last saw haliv	ve on	, 193:	death is said
Ħ,	tigg by	Ì		(01) 1122 02	Infant		<del></del>	to have occurred or	n the date stated above, a	ıt,	.m.
# 1		- 1	6. D.	ATE OF BIRTH (n	nonth, day, and	year)9-11-	1935:		e of death and related ca		
FO	V to the	I	7. A(	GE Years	Months	Days	If LESS than	were as follows:	41		Date of onset
	1 P 2 3			•3	0	0	1 day,hrs.	A	1 / /		***************************************
M	hould hay be	ļ	T	8. Trade, profession	on, or particular			W. Lanson			
RESERV	48 18 4	1	TION	kind of work of	done, as spinner eper, etc	,	4		· · · · · · · · · · · · · · · · · · ·		······································
KE		- 1	AT1	9 Industry or bus	iness in which		-				······
SS	AG. A.G. at i.		A.	work was done	e, as silk mill, k etc	Lnfa	nt				
≅ }	NG A AC that		IDOO0	10. Date deceased l	1			Other contributor	y causes of importance:		
Z			0 1	this occupation	(month and	11. Total time spent in occupation	this Infant				·····
CIN	A id .					<b>Surley</b>					
-			12.	BIRTHPLACE (city (State or country)	y or town) :y)		Idoha -				
¥	tern de la company		<b>4</b>		ward B. B	roadbood.	- 240000	N		Doth o	
<b>~</b> ;	# £ £ .	'	🖽					11	31		
!	vil refu plai		FAT	14. BIRTHPLACE	(city or town)	NICOTIOL	d		I diagnosis?		
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,	il.Y, V il be ca I'H in			5. MAIDEN NAME		-14		]]	homicide? I	=	•
į			1	6. BIRTHPLACE	(city or town)	R	cyburn.Ide	Where did injury	occur? (Specify city or town c	ounty, and	State)
i			Ž	(State or co	untry)		5	11	ury occurred in industry		
	LAIR should DEA		17 7	NFORMENTE	dward had	Brundhaad	•	place.	,4.,		
ì			17. 1	(Address)	В	urley and	10.	<del> </del>		***************************************	
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	SE SE			Place	lyna	Date	7 1/, 193 3				
!			19. 1	UNDERTAKER	Mea J	Luyne	F	l s	jury in any way related to	occupation	or deceased?
i		!!	<b> </b>	(Address)	1 Bu	duy .	XX4	If so, specif	MA TOUR	<i>y</i>	
	· • •	۱ ا	20.	FILED 9-		rura de	Sprocher	(Signed)		7/	, M. D.
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various pursuits can be known. Make some entry in this section for every person	aged 10 years or over. If the de-
ceased had retired from business, report the occupation priorto retirement. Childre	n not gainfully employed may be re-
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ever, designate the occupation by the appropriate terms, as servant—private family	, cook—hotel, etc. For a person who
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			
		***************************************			

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Case BUREAU OF VITAL STATISTICS N. B.—In case of more each, in order of birth st City of Bul CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_\_ State File No. \_\_\_\_\_ (If born in hospital or institution give name ) 4 Prim. Registration District No. 2196 Local Registrar's No. 2. FULL WATE OF CHILD .... Premature 7. Legiti-If plural 4. Twin, triplet, or other..... 8. Date of C 3. Sex birthe 5. Number, in order of wirth... Full term..... RECORD. mate?.64 9. Full FATHER 18. Full MOTHER name maiden name mann 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the (If non-resident, give place and State) Dear Que 11. Color or race Link., | 12. Age at last birthday 23. (years) 20. Color or raceus & | 21. Age at last birthday 21. 13. Birthplace (city or place) hillings. 22. Birthplace (city or place) (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner of work done, as housekeeper. O g v Lypist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which must be made work was done, as silk mill. work was done, as own home. sawmill, bank, etc..... lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work
26. Total time (years) enent 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work..... in this work UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) WITH UNE Before labor..... months 29. If stillborn. or weeks 30. Cause of stillbirth.... period of gestation 6 mo During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was at .... m. on the date above stated. INLY When there was no attending physician ! or midwife, then the father, householder, child at etc. should make this return. Give name added from a supplemental report....(Date of) Address Registrar.



N. BWRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT RECORD. Every item of	information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-	DATION : :
-------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------	------------

ll .	ر		S	TATE OF ID	AHO			
	PLACE OF DEA	TH			BLIC WELFARE	DO NOT WRITE	IN THI	S SPACE
Com	nty of Cassia			J OF VITAL			9569	0 <i>K</i>
Noon.	•		CERTIF	CICATE O	F DEATH	State File No	000.	30
City	of Burley		Registration I	District No	117			
OC	广默的传				et No2/96	Local Registrar	's No	95
ll l	C	If death occ	(Nourred in a hospite	al or institution.	give its name instead	of street and number.)		1,
2.	•		_	=			. 5	<b>→</b> 0
	(a) Residence.	No	North shoo	lde Ave.	St. 4	Dulley Va	la	
Len	(Usual place of gth of residence in city	of abode)			ds. How long in U	(If nonresident give city J. S., if of foreign birth?	or town	and state) mos. d
<b>I</b>	PERSONAL AN	D STATIST	ICAL PARTICUL	ARS	MEDIC	CAL CERTIFICATE OF	DEATH	
3.SE	EX 4. COLO	OR OR RACE	5. Single, Mar or Divorced	ried, Widowed, write the word)	21. DATE OF DEATH	I (month day, and year)		. 193
11	F	T	Inf	_	22. I HEREBY (	ERTIFY, That I attend	ed deceas	ed from
5a.	If maried, widowed, o	r divorced				, 193, to		, 193
	HUSBAND of (or) WIFE of	Infa	at		I last saw halive	e on	, 193:	death is sa
6 D	ATE OF BIRTH (mor	nth. day. and	vear) 9-11-	-1935:		the date stated above, a of death and related c		
7. A	<del></del>	Months	Days	If LESS than	were as follows:		tubes of 1	Date of ons
	0	0	0	1 day,hrs. or min.			<i>J.</i>	
	8. Trade, profession,		<del></del>	<u> </u>	nen	aune all	way	
ZO	kind of work dor sawyer, bookeepe	ie, as spinne	r, Tareau	ıt			<i>f</i>	
OCCUPATION	9. Industry or busine work was done, a saw mill, bank	ee in which		ınt				
1000	10. Date deceased last this occupation (n	worked at nonth and	11. Total time (	years) lis Infant	Other contributory	causes of importance:	**********	
	year)	<u></u>	Rurles					
12.	(State or country)	or town)		Idaho.				
ER	13. NAME Edi	ward B.	Broadhead	<b>)</b>	Name of operation		Date	of
FATHER	14. BIRTHPLACE (ci	ty or town)	Richfie]	d	What test confirmed o	iiagnosis? W	as there a:	nautopsy?
	(State or count			Utah.	23. If death was due to	exterIcauses (violence) i	ill in also	the following
HE .	15. MAIDEN NAME	M	Wall amali		Accident, suicide, or l	nomicide? l	)ate of inju	ary, 19:
11 🗀 1	16. BIRTHPLACE (cit	•	r	leyburn.Id	•Where did injury o	ccur? (Specify city or town, c		J 64-4-5
	(State or count							
17.	INFORMENT	dward B	Broadhead	i. kho	! • •	ry occurred in industr	-	-
10	BURIAL, CREMATION	A OP PENC			Manner of injury		······································	
18.	Place	on Remo	Date		Nature of injury			
19.	UNDERTAKER	1 -1 .	Toursel 1		24. Was disease or inju	iry in any way related to	occupation	n of deceased
	(Address)		ruley &	da	If so, specify	MATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
20	FILED 9—11	193 5 ~	aura Mes	bracher	(Signed)	111/2017		, M. I
20.	F 11.12.0	.g ##U(Jr (JT		Registrar.	(Address)	Juste	<u> 4                                    </u>	

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9.—The industry of business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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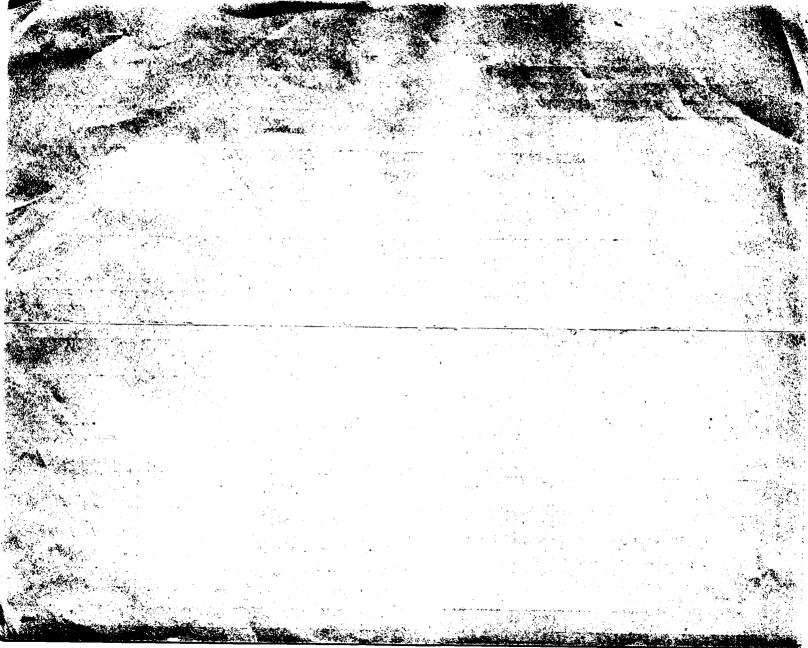
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1928	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

PLACE OF BIETH, NOV 1 1935 STATE OF IDARC WELFARE 23716 County of ..... The st CERTIFICATE OF BIRTH City of State File No. ..... Registration District No. ..... Local Registrar's No. 8 Prim. Registration District No. ... 2// (If born in hospital or institution gire 2. FULL NAME OF CHILD 8. Date of 8. Premature 7. Legiti-If plural (4. Twin, triplet, or other..... births (Month. Day. Year) Full term.. 5. Number, in order of birth..... MOTHER 118. Full E BILL FATHER maiden name name 19. Residence (usual place of abode) (If non-resident, give place and State) Think O. Residence (usual place of above) (If non-resident, give place and State / hunk 20. Color or race 21. Age at last birthday (years) 11. Color or race | 12. Age at last birthday 3. (years) 13. Birthplace (city or place) / Miss Orce 22. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, HW. kind of work done, as aptished running sawyer, bookkeeper etc. ATTON typist, nurse, clerk, etc. ..... 24. Industry or business in which for 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work ğ UNFADING INK te Return must b in this work..... in this work..... 19..... \_\_\_\_\_\_\_ 19.\_\_\_\_ 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living 3... (b) Born alive but now dead. (c) Stillborn.... 30. Cause of stillbirth Before labor months 29. If stillborn, or weeks period of gestation During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAL I hereby certify that I attended the birth of this child, who was attal m, on the date above stated. When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from Address a supplemental report. (Date of) Registrar.



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4 4 5 7	45. 10	(	AT ASTREE OF THE	ATTO	-	
PLACE OF D	EATH *	DEPARTM	ENT OF PUB	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
County of Frank	klin	BUREA	U OF VITAL	STATISTICS		
City of Mink	Creek	CERTIF	ICATE (	F DEATH	State File No. 95	717
		Registration T	listriat No.	27		
						_
	1			t No. 3/19		
(If de	eath occurred in	(No	n ingtitution		of street and number)	4
2. FULL NAME	Stillbo		nn	ve its name instead (	of street and number)	O
						$\gamma$
(Usual pla	ce of abode)	akC <b>ree</b> k	Idaho	(If nonne	St.	
Gengin of residence is	n city or town v	where death oc	curred, yrs.	mos. ds. How long i	sident give city or town a n U.S., if of foreign birth?	nd state) yrs, mos. <b>ds</b> .
PERSONAL A	ND STATISTI	CAL PARTIC	ULARS		AL CERTIFICATE OF DE	
	Color or Race	5. Single, Ma	rried, Widow.			
	hite	wora)	ced (Wille file	1	ATH (month, day and year	
5a. If married, wid HUSBAND of	owed, or divor	rced			ERTIFY, That I attended	
(or) WIFE of				OCTLL	., 193.5., toOc.t.	11, 193.5.
6. DATE OF BIRTI	H (month, day.   <b>10</b> なら	, and year)		I last saw hal	ive on, 193	.: death is said
7. AGE Years	Months	Days	If LESS than		on the date stated above, se of death and related c	atm.
			1 day, hrs.	tance were as f		Date of onset
8. Trade, profess	ion or particu	100	or .V min.	(C.E.2.7.7.)	•••••	.
kind of work	done, as apin keeper, etc			₽£1771	orn	
i industry or b	usinesa in whi	loh	• • • • • • • • • • • • • • • • • • • •		••••••	
🍃 📗 saw mill, bar	ne, as silk mill nk, etc	l <b>.</b>			•••••	.
10. Date decease	d last work.	11. Total time	(years)		••••••	
(mo. and yr.)	·····	occupation		Other contribute	ory causes of importance:	
12. BIRTHPLACE	(city or town)	Mink Cr	eek	6i	•••••	
(State or co		daho		Prematu	ıre	
E 13. NAME L.	Willard	Nelson			•••••	.
13. NAME L.  14. BIRTHPLAC (State or	E (city or tow	vn) Mark	Creek	ti	1	
丘 (State or	country)	Idaho			ed diagnosis? Was ther	
H 15. MAIDEN NA 16. BIRTHPLAC (State or	ME Iva	Bell		23. If death was d the following:	ue to exter'l causes (viole	nce) fill in also
E   5   16. BIRTHPLAC	E (city or tow	vn). Est	on	Accident, suicide,	or homicide? Date	of injury, 193.
16. BIRTHPLAC (State or	country) Id	laho		Where did injury (Sp	occur? ecify city or town, county	 , and state)
17. INFORMANT (Address)		• • • • • • • • • • • • • • • • • • • •			njury occurred in industry	
18. BURIAL, CREM	ATION OR R	EMOVAL		fl.	• • • • • • • • • • • • • • • • • • • •	
			102	ii .		
19. UNDERTAKER	. /				r injury in any way relate	
(Address)			Van	of deceased?	olf so specify	
20. FILED N. GV. 8	, 193.5	410	Wales	(Signed)	J. M. Cushle	<b>7</b> ?, м. d.
			Registrar.	(Address)	PrestonIdal	30

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation was appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  District No. 99 State File No.  ration District No. 2/97 Local Registrar's No. 723  Sanduler
if plural 4. Twin, triplet, or other	ull term birth 1985 (Month, Day, Year)
9. Full name and Ellis Gardner 10. Residence (usual place of abode)	18. Full MOTHER maiden wella Mubley
10. Residence (usual place of abode) (If non-pesident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State
11. dolor or security   12. Age at last birthday (years	are right of the same of the s
13. Birthplace (city or place)	22. Birthplace (city or place)
sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
To let use the second of the s	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
a lest angaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
The state engaged in this work in this work in this work.	19in this work
La 2 What prophylactic was used to prevent Ophthalmia Neona	and including this child)
(a) Born alive and now	v living 3 (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation full for weeks  CERTIFICATE OF ATTENDING  Thereby certify that I stranged the high of this child, who were the stranged than the strange	30. Cause of Stillbirth During labor before buth
CERTIFICATE OF ATTENDING	
	m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc., (S	Signed) Jone d'/lich, M. D.
일품 anome make this return.	
Give name added from	ddress Alxhug John
Give name added from a supplemental report.  (Date of)  Registrar.	led Det - 1935 Sarah B munk
Bogistrar.	Registrar.

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<b>52</b> 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	NOV 14 1935 RECEIVED OF ID	АНО
very item of should state t of OGCU-	PLACE OF DEATH DEPARTMENT OF PUB	BLIC WELFARE DO NOT WRITE IN THIS SPACE
ii P	County of fremout BUREAU OF VITAL	1 45723 1
ery hou	CERTIFICATE O	State File No
	Registration District No	
A.N. le m	Primary Registration Distri	ct No
RECORD. B. PHYSICIANS Sxact statemen	(If death occurred in a hospital or institution  2. FULL NAME  (a) Residence. No.	Jardier 706
INT I. 1	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos.	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
3 IANE CTLY sified	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z Z Z S	3.SEX 4. COLOR OR RACE 5. Single, Married, Widowed, officer (write the word)	21. DATE OF DEATH (month day, and year of the partial of the parti
INDI PEI ed EX ed EX rly ©	5a. If maried, widowed, or divorced HUSBAND of (or) WIFE of	I last saw h/6 alter on Chara 10-14, 1935; death is said
FOR BINI HIS IS A P d be stated be properly of certifica	6. DATE OF BIRTH (month, day, and year) / O - /4 - 3 5  7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
MARGIN RESERVED I N. BWRITE PLAINLY, WITH UNFADING INKTHI information should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may be PATION is very important. See instruction on back or	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city flows)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMENT  18. BURIAL, CAEMATION, OR REMOVAL  Place  19. UNDERTAKERO  (Address)  20. FILED  20. FILE	Diher contributor causes of importance:  Constitution of injury  Name of operation  Name of operation  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to exter causes (violence) all in also the following:  Accident, suicide, or homicide?  Date of injury  Nere did injury occur?  (Specify city or town county, and State)  Specify whether injury occurred in industry in home, or in public place.  Manner of injury  Nature of injury  Nature of injury  (Signed)  (Signed)  (Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN			

	CEIVERAU OF VIAL STATISTICS  237196  On District No. State File No.
2. FULL NAME OF CHILD Stilles	gistration District No. Local Registrar's No.
3. Sex   If plural   4. Twin, triplet, or other	hirth 7 198.J
9. Full FATHER name Value Stances Crane 10. Residence (usual place of abode)	maiden
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode)  (If non-resident, give place and State)
11. Color or race 11.   12. Age at last birthday (9. 13. Righthlace (city or place)	#
(If non-resident, give place and State)  11. Color or race_11.   12. Age at last birthday (y)  13. Birthplace (city or place)  (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which	23. Trade, profession, or particular kind of work done, as housekeeper,
work was done, as allk mill, sawmill, bank, etc.	lawyer's office, silk mill, etc.
16. Date (month and year) 17. Total time (years) last engaged in this work in this work	
27. What prophylactic was used to prevent Ophthalm	la Negnatorum?
	l now living(b) Born alive but now dead(c) Stillborn
29. If stillborn, period of gestation or weeks 30. Cause of CERTIFICATE OF ATTE.  I hereby certify that I attended the birth of this c	stillbirth distorie Ishaels Botore labor.
CERTIFICATE OF ATTE	nding Physician or sidwiff in on the date above stated.
When there was no attending physician or midwife, then the father, householder,	(Signed)
Give name added from	or williams
a supplemental report (Date of)	Address On med
Registrar.	Registicar.

The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th The state of the state of the state of T. proper (1673) the statement of the same and the land of th Contract the second the second of a transfer water with the contract 193) The later than the second of the second and the second of the second o A CONTRACTOR OF THE PARTY OF TH " nelte. Stratefaction for the first suffer a comment of the contraction Man State of the Arts State St. to be a training of the contract of the contra and the state of t The man was the second serial to on business to come with a remain warrance wash was date we seem how with the dig with the entire the first line through that 学生的 经公共的 经 were with the first of the first of the first of the ment with the merchant thousandly the year of the transfer assembly the The service of the se the time the second and other soul to be both was the soul to the thing in the second of na caretaling after the segment and a secretary and a secretary of the contraction of the secretary of the second अवस्थानिक अपूर्व अस्ति अस्ति । अस्ति अ Company to the property of the first property of the property 图 1995 (1995) (1995) (1995) (1995) (1995) (1995) with Morand Souther Art west South of the wanter out except billion of the

B.-.WRITE PLAINLY, WITH UNFADING INK.-.THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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AUG	6 1935 REC	EIVED
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AUG 6 1935 RECI	TIAED	£ .	
County of Herry C	STATE OF IDA DEPARTMENT OF PUBL BUREAU OF VITAL S ERTIFICATE O	LIC WELFARE STATISTICS	DO NOT WRITE IN THIS SPACE  State File No. 24587
	gistration District No	<i>b</i>	
Pri	imary Registration District	t No	Local Registrar's No
2. FULL NAME Infant	No. g hospital or institution, given of Walter		of street and number)
(a) Residence. No (Usual place of abode) Length of residence in city or town wh	tere death occurred. yrs.	(If nonreamos. ds. How long i	St. sident give city or town and state) n U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH
	. Single, Married, Widow- d or Divorced (write the	21. DATE OF DEA	ATH (month, day and year) July 281935
5a. If married, widowed, or divorce	vord) Single	22. I HERABY C	ERTIFY, That I attended eccased from
HUSBAND of (or) WIFE of	,u <i>U</i>	July 80	., 193, 10
6. DATE OF BIRTH (month, day,	and year)		live on, 193: death, is said
7. AGE Years Months	14 28, 1931	to have occurred  The principal cau	on the date stated above, at him.m.
1	U Days' If LESS than 1 day, hrs.	tance were as i	
New Born	or min.		born due to
8. Trade, profession, or particula kind of work done, as spinn	er.	7	0 / 00.
sawyer, bookkeeper, etc 9. Industry or business in which	1	ayston	a f shoulders
work was done, as silk mill, saw mill, bank, etc	- 		/
kind of work done, as splan sawyer, bookkeeper, etc  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc	. Total time (years) spent in this occupation	Other contribute	ory causes of importance:
12. BIRTHPLACE (city or town)	9		
(State or country)	Ida		
E 13. NAME Walter	· Omane		
13. NAME Walter 14. BIRTHPLACE (city or town (State or country)	Uluma	4	Date of
(State or country)	aria		ed diagnosis? Was there an autopsy?
15. MAIDEN NAME The State of country)	ince Weerlahu	the following:	due to exter'l causes (violence) fill in also
16. BIRTHPLACE (city or town	Iredonia J	II .	or homicide? Date of injury, 193.
(State or country)	Kano	(St	pecify city or town, county, and state) .
17. INFORMANT . Makle.	, Lance	II .	njury occurred in industry, in home, or in
18. BURIAL, CREMATION OR RE		u	·
Place Dimmett., J.	da Date July 291935	·II	
19. UNDERTAKER D_	Buckenha		r injury in any way related to occupation
(Address)	mmett Ida	of deceased?	State of the state
20. FILED July 29, 1985	V. Reynolde.	(Signed)	M. D.
00	Registrar.	(Address)	

315

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVAMBIR I

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis

	211 125029 797	# ** ** ** ** ** ** ** ** ** ** ** ** **
ug	1. PLACE OF BIRTH	STATE OF IDAHO
2	County of Satale NOV 16 1935 RECEI	DEPARTMENT OF PUBLIC WELFARE  VICTORIAL STATISTICS
reted.	City of Jolland	CERTIFICATE OF BIRTH 237279
E o	No St.	22
Dirt		strict No
무히	(If born in hospital or institution prim. Registration give name.)	on District No. 2/45 Local Registrar's No.
N. B.	18-11 ST.00 F	Boin
ZB	2. FULL NAME OF CHILD (Sand) Still J	
[F.전	3. Sex If plural 4. Twin, triplet, or other \( \sigma \) 6. Pre	emature 7. Legiti- 8. Date of birth 04.75, 1935
RECOR	Male. births 5. Number, in order of birth U Fu	li term (MONTH, DAY, YEAR)
田門	9. Full FATHER	18. Full MOTHER maiden
三引	Theodox . G. S-aad.	name Pearl, Morgane. Itser.
P P	10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and state)
PERMANENT h, and the numb	11. Color or race White 12. Age at last birthday • 34 (years)	20. Color or race Ville 21. Age at last birthday 3/ (years)
PEr h, a	13. Birthplace (city or place) Troy Zarko .	22. Birthplace (city or place) · Moulana · (State or country)
ea A	(State or country)  14. Trade, profession, or particular	1 22 Tends profession or particular kind
15 IS	z kind of work done, as spinner, flag. maker.	of work done, as housekeeper, Housewith
High	15. Industry or business in which	typist, nurse, clerk, etc.
L al	work was done, as silk mill, hented harp	work was done, as own home, Rented home lawyer's office, silk mill, etc.  25. Date (month and year) last
※ 章	16. Date (month and year) last engaged in this work	25. Date (month and year) last engaged in this work 26. Total time (years)
D E	spent in this work	
ADING	1 1 2 2 1920	1
RA	(At time of this birth and including this child) (a) Born alive and not	w living 2. (b) Born alive but now dead 1 (c) Stillborn 1  Before labor 42
BE	28. If stillborn, period of gestation 9 months 29. Cause of stillbirt	h Nayto Taxular During labor
E		G PHYSICIAN OR MIDWIFE 30
WITT a SEP	I hereby certify that I attended the birth of this child, who	
녹đ	( When there was no attending physician )	The state of the s
	or midwife, then the father, householder, (S etc., should make this return.	igned) St. Thompson . M. D.
Z p	Give name added from Or	Potlatch Midwife
FI	a supplemental report (DATE OF) Ad	dress UNCLANCH
WRITE one c	Pariston.	led Que 27", 1935 7 7th Thompson
₹	Registrar.	

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of the Commence of th

MARGIN RESERVED FOR BINDING

Lifer Should Later Annelly Supplied. AGE should be stated EXACTLY. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE	OF DEATH	DEPARTMENT OF PUBL BUREAU OF VITAL		DO NOT WRITE IN THIS SPACE
unty of	TIG COLL			State Wile No. 95759
ty of Pot	latch	CERTIFICATE O	r DEATH	State File No
	1	Registration District No	65	
	1	Primary Registration District	No. 2145	Local Registrar's No
		(No. Potlatch Hos	mital	
FULL N		n a hospital or institution, giv	e its name instead o	of street and number) 206
(a) Res	sidence. No			54.
∡Us	sual place of abode)		(If nonres	sident give city or town and state)
			(	in U. S., if of foreign birth? yrs. mos.
SEX	ONAL AND STATIST		MEDICA	AL CERTIFICATE OF DEATH
ale	White	5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEA	ATH (month, day and year) $10/25$
		word)	22. I HEREBY C	ERTIFY, That I attended deceased for
HUSBAN	ed, widowed, or divo D of	rcea		., 193, to, 193.
(or) WII	F BIRTH (month. day	and year)	I last saw ha	live on
	Oct. 25, I	935	<b>61</b>	on the date stated above, at
AGH	Years Months	Days If LESS than	The principal cau tance were as i	se of death and related causes of imp
	0 0	d l day, hrs. orQ. min.		Date of on
8. Trade, kind suwye 9. Indust work saw 1	profession, or particu	ilar	Still	: Evra.
suwye	of work done, as spi er, bookkeeper, etc			
9. Indust	ry or business in wh was done, as <b>silk mi</b> l	ich		
80W 1	mill, bank, etc	• • • • • • • • • • • • • • • • • • • •		
∣ ed a	t this occupation and yr.)	11. Total time (years) spent in this occupation	Other contribut	ory causes of importance:
ız. BIRTHI (Sta	PLACE (city or town te or country)	Ida.	abruju	o placentae
13. NAM	E Mhaadan			
	11100001	G. Saad Troy_ 1	Name of operation	n Date of
13. NAM 14. BIRT	CHPLACE (city or to State or country)	wn)I.da	What test confirm	ed diagnosis? Was there an autops
15. MAII	DEN NAME Pear	el Margaret Piper	the following:	due to exter'l causes (violence) fill in
	THPLACE (city or to State or country)	wn) Missoula Mont.	Where did injur	or homicide? Date of injury, y occur? pecify city or town, county, and state)
7. INFORM	IANT Theodore	G. Saad Potlatch, Ida.	Specify whether	injury occurred in industry, in home, o
8. BURIAI	, CR####################################	ak cwal	Manner of injury	y
Plac	eMo.scow,Ide	1.m. Date. 10/.28, 193.		·
9. UNDER	40	shou.		or injury in any way related to eccupa If so, sneolfy
0. FILED.	Q.4. 7.7. 1985	or Jw. Thompson	(Signed)	Thompson M
		Registrar	(Address)	C C. TRREEL

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write name.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Unte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:	May 1 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1
			1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
		,	

1. PLACE OF DIRTH NOV 10 1915	STATE OF IDAHO  STATE OF PUBLIC WELFARE
5.5.1	
	CERTIFICATE OF BIRTH 237307
NoSt. Registrati	on District No. State File No.
(If born in hospital or institution give name.) Prim. Reg	gistration District NoLocal Registrar's No
2. FULL NAME OF CHILD KULLY	
3. Sex births births or other	
Co. Number, in order of birth	
9. Full FATHER name Pulon Jonna	18. Full MOTHER.  maiden Mary Leon ME Helliam
10. Residence (usual place of abode) (If non-resident, give place and State). Saluron	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race 414   12. Age at last birthday 3/ (ye	ears) 20. Color or race 222   21. Age at last birthday. 26. (years)
13. Birthplace (city or place) (State or Country)	22. Birthplace (city or place) 7 (State or Country) Rew Meyico
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
I5. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	ent cypis, indist, cita, text,
16. Date (month and year) last engaged in this work 17. Total time (years) sp	
in this work	······································
27. What prophylactic was used to prevent Ophthalmia Ne	
28. Number of children of this mother (At time of this beautiful (a) Born alive and	oirth and including this child) now living(b) Born alive but now dead(c) Stillborn
29. If stillborn, period of gestation 5 months or weeks	30. Cause of Stillbirth
CERTIFICATE OF ATTEND I hereby certify that I attended the birth of this child, who	
When there was no attending physician or midwife, then the father, householder, etc.,	(Signed) J. 5 Might, M. D
should make this return.  Give name added from	or, Midwife
a supplemental report	Address Salum
(Date of)	Filed Mar H 1935 Clio C. Bellam
Registrar.	Registrar.

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PLACE OF BIRTH NOV 14 1935 RECEPTABLE OF PUBLIC WELFARE STATE OF IDATIO County of City of Kemiolos CERTIFICATE OF BIRTH Registration District) No. \_\_\_\_\_\_9 .....State File No. ..... (If born in hospital or institution give name) Prim. Resistration District No. Local Registrar's No. Chester Keines 2. FULL NAME OF CHILD. wi.⊟ 8. Date of 7. Legitibirths birth. 5. Number, in order of birth. Full term 40 mate? (Month, Day, Year) FATHER 9. Full ||18. Full name maiden name 10. Residence Jusual place of abode) 19. Residence (usual place of abode) (If non esident give place and State) (If non-resident give place and State)...... 11. Color or race 12. Age at last birthday 35 (years) 20. Color or race 121. Age at last birthday 24 (years) 13. Birthplace (city or place) and 22. Birthplace (city or place)..... Nouit (State or Country) each, 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. sawyer, bookkeeper, etc. ..... typist, nurse, clerk, etc. ..... for 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. made sawmill, bank, etc. lawyer's office, silk mill, etc. ... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent Mast angaged in this work ģ flast engaged in this work 26. Total time (years), spent 10 in this work..... in this work..... 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 4 29. If stillborn. months Before labor..... 30. Cade of stillbirth.... During labor. 400 period of gestation. or weeks Contracted Puro CERTIFICATE OF ATTENDING PHISICIAN OR I hereby certify that I attended the birth of this child, who was . m. on the date above stated. When there was no attending physician ) or midwife, then the father, hoseholder, etc., (Signed) should make this return. Midwife Give name added from child Emo a supplemental report..... (Date of) Rogistrar.



Or Habel NOV 12 1935 RECE STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS. County of .. Registration District No. 100 9 Primary Registration District No.... Local Registrar's No..... (If death occurred in a hospital or hatitution, give its name instead of street and number) 2. FULL NAME JOHNA Residence. No. 1350 (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. vrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Diverced (write the 21. DATE OF DEATH (month, day and year) (Och 24/1985 word) HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. .. death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. of. 24 35 The principal cause of death and related causes of impor-7. AGE Month. Days If LESS than tance were as follows: 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: occupation .. 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of...... What test confirmed diagnosis?.... Was there an autopay?... (State or country) 23. If death was due to exter'l causes (violence) fill in also 7 15. MAIDEN NAME the following: Accident, suicide, or homicide?...... Date of injury... 198. 16. BIRTHPLACE (city or town) Where did injury occur?.... ō (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL, Manner of injury...... Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER (Address) of deceased?.. 20. FILED. XA.V. . 193 2 (Address) Lammaton.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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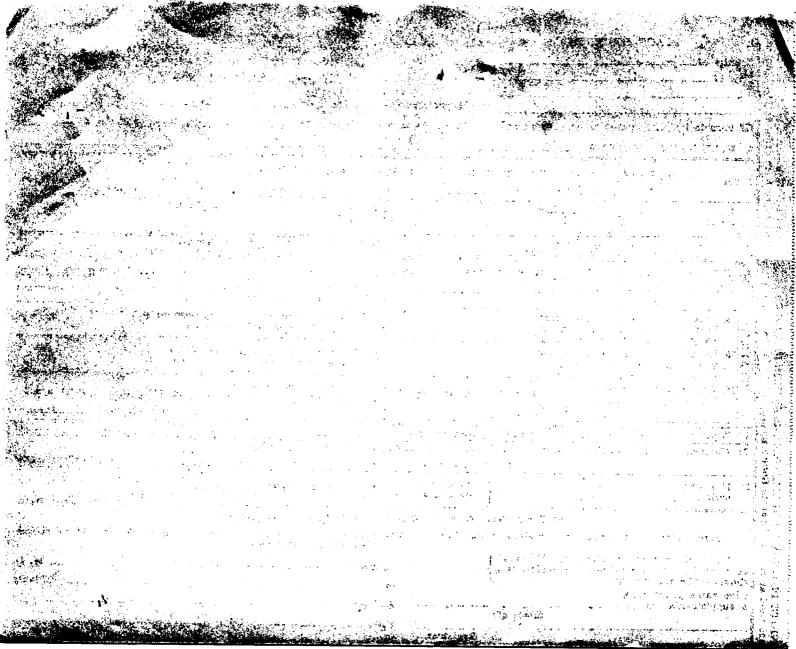
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

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EXAMPLE I	•	EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perifonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
	~		
		. ~	

PLACE OF BIRTH NOV 14 1935 REC	STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE
	BUREAU OF VITAL STATISTICS 237365
No. It laush Hartal St. Registration D.	CERTIFICATE OF BIRTH
No. It Joughs Kenfital St. Registration D	sistrict No. 1009 State File No.
(If born in hospital or institution give name.) Prim. Registra	tion District NoLocal Registrar's No
2. FULL NAME OF CHILD Male infant	
8. Sex If plural \( \) 4. Twin, triplet, or other 6. Pi	ull term mate: (Month, Day, Year)
9. Full Patient refuser to divilge this information.	18. Full Mother maiden Elsie May Sutten
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race   12. Age at last birthday(years)	20. Color or race
13. Birthplace (city or place)(State or Country)	22. Birthplace (city or place) (State or Country) Madion Oklahoma
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, clerk typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work   26. Total time (years) spent
16. Date (month and year) last engaged in this work 17. Total time (years) spent	25. Date (month and year) last engaged in this work  A Freel 1937 in this work Ou year
27. What prophylactic was used to prevent Ophthalmia Neonat	
28. Number of children of this mother (At time of this birth	and including this child)
(a) Born alive and nov	w living ON (b) Born alive but now dead (c) Stillborn ONE
29. If stillborn, period of gestation months 5 1/2	
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was	Alive Alive (1918) (1918)
or industry, more and author, moderno, order	Signed)
Give name added from	ddress Lewsten Adah
& pappionion reperminant	ried Oct 38, 1985 An Lyle
Registrar.	iled Begistrer.



item of should STATE OF IDAHO PARTMENT OF PUBLIC WELFARE DO NOT THIS SPACE BUREAU OF VITAL STATISTICS County of ERTIFICATE OF DEATI CORD. , Every PHYSICIANS State File No..... Registration District No...... Primary Registration District No. Local Registrar's No..... (No. (If death openered in a hospital or institution, give its name instead of street and number) 2. FULL NAME REC (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. ed of Divorced (write the 21. DATE OF DEATH (month, day and year) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced Oct 7 1985 HUSBAND of (or) WIFE of I last saw hist alive on ... Oct .. 7. 1935 death is said 6. DATE OF BIRTH (month day to have occurred on the date stated above, The principal cause of death and related causes of impor-AGE Years Months If LESS than Days ance were as follows: 1 day,... hrs Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation . 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation. News What test confirmed diagnosis?... Was there an autopsy? No 14. BIRTHPLACE (city or tow (State or country) DE 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?...... Date of injury... 193. 16. BIRTHPLACE (city or town Ö Where did injury occur?...... (State or sountry) (Specify city or town, county, and state) . 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. = 18. BURIAL, CECMATION Manner of injury.... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased?.... If (Signed) .. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write name.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

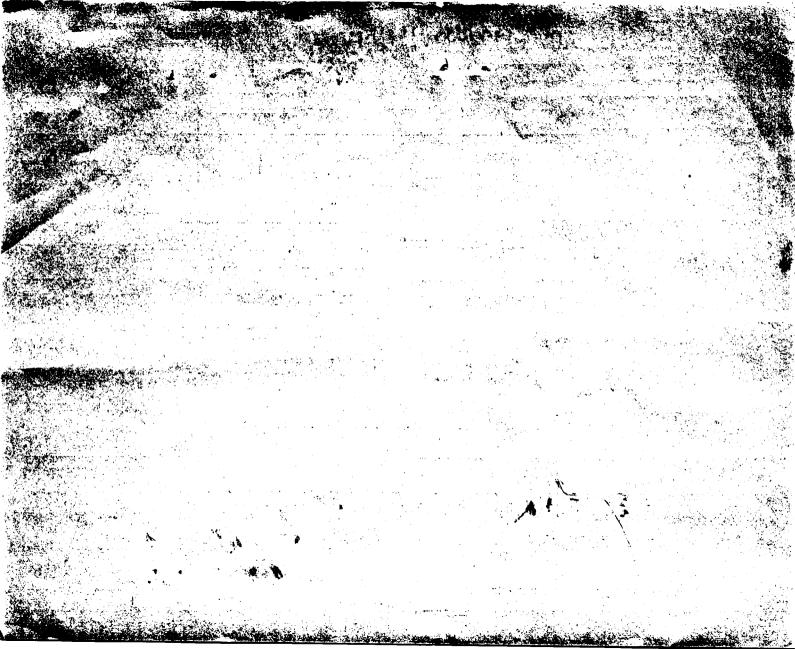
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of oaset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

d 81 175 -225 040 - 678	STATE OF IDAHO
County of No. Cancon Aug. Registration Regis	RECEIVE PUREAU OF VITAL STATISTICS 237436
City of Make	RECEIVE PUREAU OF VITAL STATISTICS 237436 CERTIFICATE OF BIRTH
No. Canuon Cité	istration District No. 20 State File No.
o	n. Registration District No. /0 // Local Registrar's No.
2. FULL NAME OF CHILD	alverson
3. Sex births 5. Number, in order of birth	6. Premature 40 7. Legiti- mate? 40 (Month, Day, Year)
9. Full plan Dale Parther	18. Full maiden Pearl Therese Opheim
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
	(years) 20. Color or race
13. Birthplace (city or place)	22. Birthplace (city or place)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
nii eti	work was done, as own home,
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (year) in this work	o last engaged in this work
27. What prophylactic was used to prevent Ophthalmi	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
28. Number of children of this mother (At time of	this birth and including this child)
(a) Born alive	e and now living
29. If stillborn, period of gestation	<sup>445</sup>   30 Cause of Stillbirth
CERTIFICATE OF ATT	
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	(Signed) , M. D.
Give name added from	or Midwife
a supplemental report(Date of)	Address July 5 1005 Other Block
Rogistre	Filed 1985 Registrar.



MARGIN RESERVED FOR BINDING

B...WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate. ż

NOV 14 1935 RECEIVED	2017
PLACE OF DEATH  DEPARTMENT OF PUBLISHED BUREAU OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE
City of Mallace CERTIFICATE C	OPO41
Registration District No	39
Memary Registration Distriction (No. Northwest	
	ive its name instead of street and number)
(a) Residence. No. Wallow 3de	C St.
(Usual place of abode) Length of residence in city or town where death occurred, yrs.	(If nonresident give city or town and state) mos. ds. How long in U.S., if of foreign birth? yrs. → mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Drocced (write the word)	21. DATE OF DEATH (month, day and year) 231833
5a. If married, widowed, or divorced	22, I HEREBY CERTIFY, That I attended deceased from
HUSBAND of (or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, ay
7. AGE Years Months Days If LESS that 1 day, hrs	total of winder of he if [1] ONSH
8. Trade, profession, or particular	XXXXXXX
kind of work done, as spinner, Horel	0.00
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
10. Date deceased last work. 11. Total time (years) cd at this occupation spent in this	Other contributors Anuscu of importance:
(mo, and yr.)	Themolyh
12. BIRTHPLACE (city or town)	
13. NAME Shu alverson	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis there an autonos.
15. MAIDEN NAME / Paners, Othing.	23. If death was due to exter'l causes (violence) fill in also the following:
6 16. BIRTHPLACE (etty or town) Sold Attend.	Accident, suicide or nomitide? Date of Where did injury occur?
(State or equitry)	(Specify of town, ount, and state)  Specify whether travery occurred in intuntry in home or in
17. INFORMANT Wallow The	public place.
18. BURIAL, CREMATION OR REMOVAL.  Place Date Soha: Date Jel 291935	Manner of injury
19 UNDERTAKER Ja Boon ( words)	24. Was diseas of injury in any way related to occupation
(Address)	of deceased (Signed) (Signed)
20. FILED Oct 29, 1935. John Bewer Registrar.	(Address)

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and own home in answer to Ouestion 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EYAMDIE I

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DARMI EE 1		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Onte of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
	·		

7	1. PLACE OF BIRTH	STATE OF IDAHO
ig.	County of No. No. Registration I	A PARTMENT OF PUBLIC WELFARE
e.	City of Wale way 14 1935 RDUL	CERTIFICATE OF BIRTH 237443
birth	NoSt.	vistrict No. 70 State Wile No.
, to		2000 210.
10	(If born in hospital or institution give name.) Prim. Registra	ation District No
P.	2. FULL NAME OF CHILD	ut. Enlon
5	3. Sex If plural \( \) 4. Twin, triplet, or other \( \) 6. Pi	
ਚੂ	1 9.0 ANL )	
8	wale (5. Number, in order of birth	ll term mate? (Month, Day, Year)
ē L	name	18. Full UMOTHER maiden
ape	E la Enland.	name bestude Champagne
quana	10. Residence (usual Mace of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
the	11. Color or race   12. Age at last birthday L. (years)	20. Color or racel 21. Age at last birthday
and		22. Birthplace (city or place)
	(State or Country)	(State or Country)
each,	14. Trade, profession, or particular kind of work done, as spinner,	23. Trade, profession, or particular kind of work done, as housekeeper,
for	kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which	typist, nurse, clerk, etc.
	15. Industry or business in which   work was done, as silk mill,	work was done, as own home,
made	work was done, as silk mill, sawmill, bank, etc.	lawyer's office, silk mill, etc.
pe 1	work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work  26. Total time (years) spent
must	in this work 5 /a yra	10 0 , 1982 in this work
	27. What prophylactic was used to prevent Ophthalmia Neonat	orum?
Return	28. Number of children of this mother (At time of this birth	and including this child)
Return	(a) Born alive and now	living. 3 (b) Born alive but now dead (c) Stillborn
	29. If stillborn, period of gestation Quel turn or weeks	30. Cause of Stillbirth
para		During labor presure
Separate	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
ಪ	I hereby certify that I attended the birth of this child, who was	at . S. m. on the date above stated,
birth	When there was no attending physician or midwife, then the father, householder, etc.,	gned) M. D.
at ]	should make this return.	
child	Cive name added from	dress Walare, Idalia
ch	(Date of)	ed Ct 17 1985 John Bever
g	Registrar.	Registrar.
•		1/

V Street

N. 20 257

CLINE SANDE ON THE LOAD ed of vitals framestoses Registration District No. وروج يوفقه الأقيسي فسنحص أأشاره الاراسيك فالمأورفورة يوسيدس · Looren who intitutible be with conf or area iff to THE PLANT OF THE PARTY OF THE P CITE OF THE STATE Hypersis & Twin, telpiet, or other ........... Fremeture. ..... Theritidirta Then Y we'd green to be the state of the sta MOTTHER GeN 330 新集日/TAN menfden The state of the s Total to man inner specific ? febuda to came tense; encetisees of if anotheristate give place and distributions in Course of the Age of the birthelps of consumer of the state of the sta Hence ver Bound w (Santo on Country) The termination of predicator winds. the Reade probession or participar of north appears in this breezest with which we have above in high troise aures clerk o Linear of the regregation of the feetestry in bunieum in with is highery or business in which where was come and care home werte mas done es site mil inwer's office, ally rail, etc. ...... The saw and bank etc. Casov bus dimonic oracl last ensaged in this work 26. State Hate Spine (years) show Catestate (month and year) 14 Total time (years) spent to this work of his his in this more with air take man The secular grandy twill have not to provent Or's had the reconstruct 28. Afficient of obelians of this mather . . (At Time of this hirth and technique this culture A mightification. Le bride won the grillo more the Bonnes I want have the world in THE WILLIAM T CONFIDENCIAL OF ACCORDING PEOPLE OF Bottste bydda alab agli n'y na a'r 🤌 na softening perfective and the best land the best of the street received When there was no attended physician the official lies the father, herecholder etc. sheath make this revora. Athereit Time nome added from Traces in the second of the To winte

N. B...-WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATH  DEPARTMENT OF PU  BUREAU OF VITAI	BLIC WELFARE L STATISTICS  OF DEATH
Registration District No	State File No.
Primary Registration Distr (No	cict No. O Local Registrar's No. O give its name instead of street and number)
FULL NAME ONGLUT. Enbow.	Υ ,
(a) Residence. No.// (Usual place of abode) ength of residence in city or town where death occurred. yrs.	St.  (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single Married, Widow ed or Divorced (write the	
//MI While workings	22. I HEREBY CERTIFY, That I attended deceased fr
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of DATE OF BIRTH (Mpnth day, and year)	I last saw halive on, 193: death is a
OCV -6 -1935	to have occurred on the date stated above, at
AGE Years Months Days If LESS the	rs. tance were as follows: Date of on
0 0 0 or m	in. Still tour Tufaul.
8. Trade, profession, or particular kind of work done, as spinner,	Clarina Braina
sawyer, bookkeeper, etc	
saw mill, bank, etc	••
ed at this occupation spent in this occupation	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Wallace	
(State or country)	
13. NAME Clon Euton.	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autops:
15. MAIDEN NAME CUTULL Champagn	23. If death was due to exter'l causes (violence) fill in
16. BIRTHPLACE (city or town). Wallace	Accident, suicide, or homicide? Date of injury  Where did injury occur?
El Dal Entra	Specify whether injury occurred in industry, in home, o
17 INFORMANT COOL COLONO	·     - · · ·
(Address) Wallow How	public place
(Address) Wallow How	Manner of injury
(Address) Wallow 2001  18. BURIAL, CREMATION OR REMOVAL  Place Vallace 2004  (Alberta) Ward (und Co)	Manner of injury
17. INFORMANT (Address)  18. BURIAL, CHEMATION OR REMOVAL Place Allace My Date of 19.  19. UNDERTAKER ASSOCI WORK UND (Address)	Manner of injury

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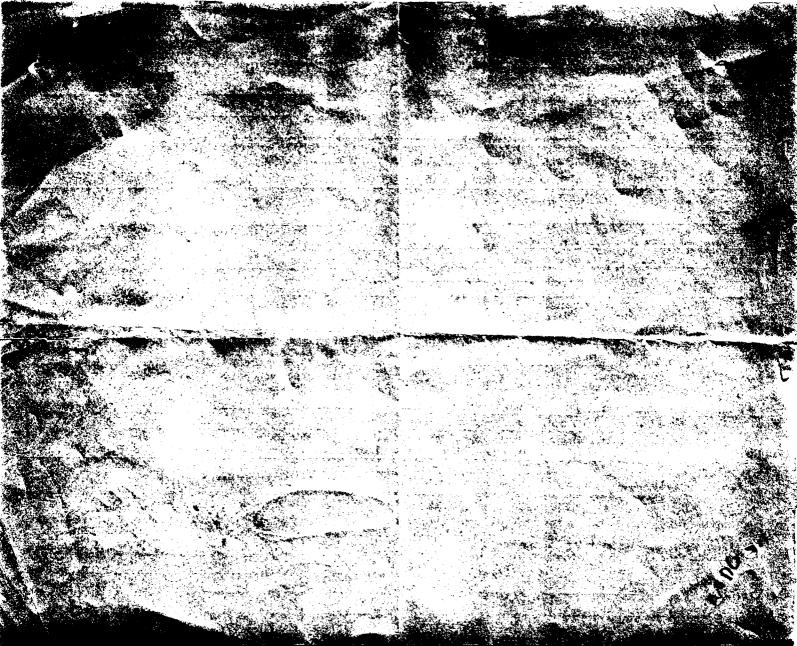
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

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EXAMPLE I		EXAMPLE II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		
		***************************************		

STATE OF IDATO PLACE OF BIRTH DEC 10 1935 RECEPTION OF PUBLIC WELFARES County of CERTIFICATE OF BIRTH Registration District No. \_ .State File No. ... Prim. Registration District No. Local Registrar's No. 🗩 (If born in hospital or institution give came.) 2. FULL NAME OF CHILD... ë i 8. Date of 6. Premature If plural (4. Twin, triplet, or other..... 7. Legitibirth // - 6 3. Sex -5. Number, in order of birth. Full term mate? (Month, Day, Year) PERMANENT RECORD. |18. Full 9. Full FATHER MOTHER maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) .... (If non-resident, give place and istate) 11. Color or race 12. Age at last birthday 23 (years) 20. Color or race 21. Age at last birthday (years) 13. Birthplace (city or place)..... and (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. ..... typist nurse, clerk, etc. ...... 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill. made sawmill, bank, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work IN F in this work Burks in this work ! A Control Late 1935 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ...... WITH UNFADING Separate Return mu (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...Q.... (b) Born alive but now dead...Q.... (c) Stillborn...... During labor..... months 29. If stillborn. 30. Cause of Stillbirth Acceptan period of gestation 5 or weeks Before labor..... WITH CERTIFICATE OF ATTENDING PHYSICIAN OR MINWIFE I hereby certify that I attended the birth of this child, who was ... a. m. on the date above stated. When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from WRITE Pone child a supplemental report..... Address ..... (Date of) Filed ... Registrar.



(If tio	f born in hospital on institu-	District No. State File No. State Fi
	Sex   If plural   4. Twin, triplet, or other	7. Legiti- 8. Date of 11-5-35
9.	Full FATHER	18. Full MOTHER maiden Lueller Jameson
10.	Residence (usual place of abode) (If non-resident, give place and State) Boise. I. 1	19. Residence (usual place of shode) Rojse.F 1
	Color or race	2
TION	(State or country)  14. Trade, profession, or particular kind of work done, as spinner, Laborer  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which work was done, as own home, Housewife lawyer's office, silk mill, etc.
OCCUPA	16. Date (month and year) last engaged in this work 17. Total time (years) spen in this work	25. Date (month and year) last engaged in this work in this work in this work
<b>27.</b> 28.	What prophylactic was used to prevent Ophthalmia N Number of children of this mother (At time of this bir	to and including this child)  W living(b) Born_slive but now dead(c) Stillborn
29.	If stillborn, period of gestation 9 200 cause of still or weeks	Hydraephalus Sie Bolero lebor
	CERTIFICATE OF ATTENDIT I hereby certify that I attended the birth of this child, When there was no attending physician !	who was 10 at 10 m. on the date above state
{ Giv	etc., should make this return.	ddress Boise Idelan e

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE I	FOR FURTI	HER STATEMENTS BY PHYSICIAN	
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Should not how been reported at : A Was the worst for STATE OF TIDARO TO PEPARTMENT OF PUBLIC WELFARE PLACE OF BIRTH County of Bennock BUREAU OF VITAL STATISTICS 237660 of more birth st Pocatello Pocatello City of..... CERTIFICATE OF BIRTH St. Anthony Mercy st No. ..... Registration District No. 28 State File No. Hospital Prim. Registration District No. 2/6/ Local Registrar's No. 18 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD Stillborn Cawley 8. Date of Ωİ. 7. Legitibirth IO/28/35 198 8. Sex **hirths** 5. Number, in order of birth..... Full term 3 mate? VCS. (Month. Day, Year) female PERMANENT RECORD. 7 9. Full **FATHER** |18. Full MOTHER name maiden Mary Davis James Cawley name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Gen Del (If non-resident, give place and State) General Del. 22 Birthplace (city or place). Salt Lake City Utah 13. Birthplace (city or place) Denver Colorado (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind of work done, as housekeeper, kind of work done, as spinner, of work done, as housek typist, nurse, clerk, etc.

24. Industry or business in work was done, as own lawyer's office, silk mill,

25. Date (month and year) last engaged in this worl sawyer, bookkeeper, etc. Fngineer H\_W\_ typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, O.S.L. work was done, as own home, lawyer's office, silk mill, etc. Home sawmill, bank, etc. 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work 20 yrs nresent 19 in this work TO yrs present 19 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING 28. Number of children of this mother (At time of this birth and including this child) 29. If stillborn. Before labor..... months / period of gestation Pobo 30. Cause of stillbirth..... During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE I hereby certify that I attended the birth of this child, who was stillborn at 3:108 P. M. on the date above stated.

When there were the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t When there was no attending physician? (Signed) ..... or midwife, then the father, hoseholder, etc., } should make this return. or ...... ..., Midwife Give name added from child Address a supplemental report..... (Date of) Wiled .... Registrar.



STATE OF IDAHO PHYSICIANS should state PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE County of Banna BUREAU OF VITAL STATISTICS 96017 CERTIFICATE OF DEATH State File No. Registration District No..... Primary Registration District No. 2 (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME (a) Residence, No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. EXACTLY PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) ed or Divorced (write the 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of I last saw h alive on 193 death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ..... If LESS than 7. AGE Years Months Days The principal cause of death and related causes of importance Should 1 day ..... hrs. were as follows: Date of onset or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, AGE sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last work-| 11. Total time (years) instruction carefully supplied. ed at this occupation spent in this Other contributory causes of importance: occupation (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) 13. NAME James What test confirmed diagnosis?...... Was there an autopsy?...... 14. BIRTHPLACE (city or town) ...... very important. (State or country) 23. If death was due to exter'l causes (violence) fill in also the information should be DEATH 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury...... 193.... Where did injury occur? ......(Specify city or town, county, and state) 16. BIRTHPLACE (city or town) (State or country) Specify whether injury occurred in industry, in home, or in Ę. 17. INFORMANT public place. (Address) Manner of injury 18. BURIAL, CREMATIÓN OR REMOVAL CAUSE LION Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? ..... If so, speci (Address) (Signed) ..... Registrar.

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BINDING

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Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
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(If born in hospital or institution give name.) Prim.	istration District No. Local Registrar's No.
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If plural 4. Twin, triplet, or other	Premature 27. Legiti-
3. Sex births 5. Number, in order of birth	birth 0 198
9. Full FATHER	Full term mate? (Month, Day, Year)
name h	maiden///
10. Residence (usual place of shode) Block hope	name Collegiona de Rome.  19. Residence (usual place of abode) Dogge of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegions of the collegio
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11. Color or race White 12. Age at just birthday 38 (yes	ars) 20. Color or race. Whate   21. Age at last birthday. 3./(years)
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(State or Country)	(State or Country) Wyanning
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper typist, nurse, clerk, etc.
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work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, and having lawyer's office, silk mill, etc.
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last engaged in this work 17. Total time (years) spec	last engaged in this work 26. Total time (years) spent
in this work	a. in this work
27. What prophylactic was used to prevent Ophthalmia New	
28. Number of children of this mother At time of this bi	rth and including this child)
	now living (b) Born alive but now dead (c) Stillborn
29. If stillborn, period of gestation. months	30. Cause of stillbirth Before labor
	Pura During labor yes
CERTIFICATE OF ATTENDED	ING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who	was at low on Stillboard at low on the date above stated.
When there was no attending physician	THE THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T
or midwife, then the father, hoseholder, etc., should make this return.	(Signed) M. D.
Give name added from	or 120 01 - F O 1 - Midwife
a supplemental report	Address School Jag
(Date of)	Filed Nec. 1 198 2 Mm Stales Trater
Registrar.	Hegistrar.



STATE OF IDAHO PHYSICIANS should state OCCUPA-DO NOT WRITE IN THIS SPACE OF PUBLIC WELFARE 96038 County of State File No. Registration District No. Primary Registration District No. 2/9 A Local Registrar's No. statement (No..... RECORD (If death occurred in a hospital or institution ogive its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERMANENT EXACTLY MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widow-3. SEX 4. Color or Race 21. DATE OF DEATH (month, day and year) // - 3 ed or Divorced (write the word) 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced stated HUSBAND of (or) WIFE of I last saw h..... alive on... . 193.....: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above. at 10:50Pm. 7. AGE Months Days If LESS than The principal cause of death and related causes of importance ppong 1 day ..... hrs. were as follows: Date of exact or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner, AGE sawyer, bookkeeper, etc. ...... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last work- 11. Total time (years) instruction supplied. spent in this ed at this occupation Other contributory causes of importance: occupation (mo. and yr.) ... 12. BIRTHPLACE (city or town) (State or country) FATHER careful] 13. NAME < Name of operation Date of plain What test confirmed diagnosis?...... Was there an autopsy?..... 14. BIRTHPLACE (city or town) 2 (State or country) very important. 23. If death was due to exter'l causes (violence) fill in also the DEATH in following: information should be Accident, suicide, or homicide?..... Date of injury...... 199.... 15. MAIDEN NAME Where did injury occur? ..... 16. BIRTHPLACE (city or town) (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT OF public place. (Address) -WRITE Manner of injury..... 18. BURIAL, CREMATION OR RE CAUSE Nature of injury..... HOL 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER /// If so. (Address) Alssignede .... Registrar.

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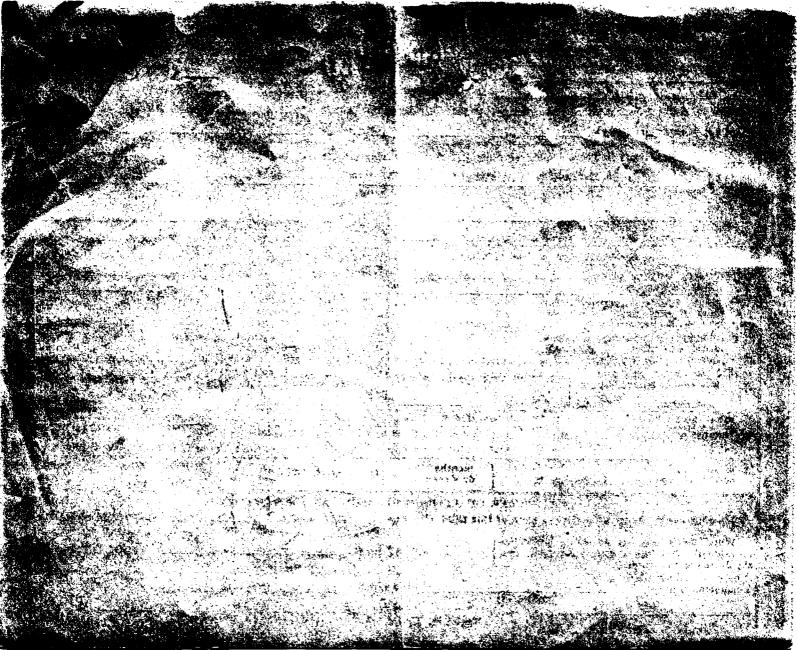
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	<b>J</b> uly 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
	•••••••		
	*************		*****************
***************************************			

DEC 9-1935 RECR PLACE OF BIRTH TE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of S UREAU OF VITAL STATISTICS City of V TIFICATE OF BIRTH State File No. ..... Registration District No. ..... Prim. Registration District No. 214-0 Local Registrar's No. 20 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... ä 8. Date of 6. Premature 2000 7. Legiti-If plural 4. Twin, triplet, or other..... nov. 22 198.5 8. Sex birth. births (Month, Day, Year) 5. Number, in order of birth..... Full term.. mate? MOTHER 9. Full FATHER 18. Full maiden name Luth Eleanor Turman name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Hamer, Idaho (If non-resident, give place and State) Hansey State 11. Color or race white 12. Age at last birthday 33 (years) 20. Color or race white | 21. Age at last birthday. / (years) minnesta 13. Birthplace (city or place)..... ಶ (State or Country) å (State or Country) each, 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, Gremer typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. ..... 15. Industry or business in which 24. Industry or business in which work was done, as own home, work was done, as silk mill, made sawmill, bank, etc. lawyer's office, silk mill, etc. ... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work þe nov. in this work le was . UNFADING IN te Return must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living...... (b) Born alive but now dead....... (c) Stillborn....... Before labor..... 29. If stillborn. months WITH UN Separate period of gestation Conco 30. Cause of stillbirth. or weeks During labor..... CERTIFICATE OF ATTENDING PAYSICIAN OR MIDWIFE at 5 29 qm. on the date above stated. I hereby certify that I attended the birth of this child, who was... When there was no attending physician \ (Signed) or midwife, then the father, hoseholder, etc., should make this return. Give name added from child a supplemental report..... (Date of) Filed .... one Registrar. Rogistrar.



DI LOC OF BEATH	STATE OF IL		DO NOT WRITE IN THIS SPACE
PLACE OF DEATH	DEPARTMENT OF PUB		DO NOT WRITE IN THIS SPACE
County of Benne Ville	BURBAU OF VITAL	STATISTICS	Senet
city of I daho falls.	CERTIFICATE (	OF DEATH	State File No
City of J. A.R. N. C. T. C.		72.	<u> </u>
	District No		
-025 KKU	Trimary Registration Distric	NO 2 14-0	Local Registrar's No.2.4
DEC 9-1935 REU		~ / / ./	Local Loganitat a Livinian-
DEC (If dooth community	(No	/105pi19/	
	in a hospital or institution, g	. /	or street and number)
2. FULL NAME	<i>⊃mi</i> +	n · S	WILL DIFFE. BY
(a) Residence. No			St
(Usual place of abode)		(If nonre	sident give city or town and state)
Length of residence in city or town	where death occurred. yrs.	mos. ds. How long	in U. S., if of foreign birth? yrs, mos.
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC	AL CERTIFICATE OF DEATH
3. SEX 4. Color or Rac		- <u> </u>	
1	ed or Required (write the	21. DATE OF DE	ATH (month, day and year)
male. White	word) In Sant	22 I HEREBY C	ERTIFY, That I attended deceased
5a. If married, widowed or div		11	
HUSBAND of (or) WIFE of	1/ birth	ll .	., 193, to
6. DATE OF BIRTH (month, de	ay, and year)		live on 193: death is
november.	27, 1935.	to have occurred	on the date stated above, at
7. AGE Years   Months	Days   If LESS that	The principal car	we of death and related causes of in
D L a /	1 day, hrs	tance were as	tolloys: Date of o
Premature Baby 6	Mo. or it mir	1	
8. Trade, profession, or parti	cular	- Well	Journ orm
kind of work done, as a sawyer, bookkeeper, etc.	Jinner,	.  -	- 1/
9. Industry or business in w	rhich	7 3	12 mos gales
work was done, as silk m	EII.		11. 5. 0101
10. Date deceased last work.	11 Total time (vears)	· Jourse	2. Jog. 9. 2. J.
ed at this occupation	spent in this	Other controls	causes of importance
(mo. and yr.)	occupation	i dust	Cargo Co
12. BIRTHPLACE (city or tow	a Lotato Falls	m	War.
(State or country)	Idela.		
# / /	75-1/5 11	<b></b>	
13. NAME //OWard	I IANK SMITH	Name of operation	Date of
14. BIRTHPLACE (city or t		li .	1 .
(State or country)	Minnesola		ned diagnosis? Was there an autop
# WALDEN	4 6/20-	23. If death was	due to exter'l causes (violence) fill in
15. MAIDEN NAME	The Leanor Jurn	Accident suicide.	or homicide? Date of injury
16. BIRTHPLACE (city or	own) /Xamer.	Where did injur	v occur?
(State or country)	Toaho.	∥ (S	pecify city or town, county, and state
17. INFORMANT M.C.S.	N.A. Smith	. Specify whether	injury occurred in industry, in home,
(Address)		·   -	
18. BURLAL, CREMATION OR	REMOVAL /	[ • · · · · -	<b>y</b>
2 2 2 C	O.S.P. Date 2.7, 1935	<del></del>	
F 14000.)		24. Was disease	
19. UNDERTAKER	<del>4. X </del>	of deceased?	Ale so specify I III A III an
(Address)		-∥ '` ''' /	THE STITUTE
20. FILED	January.	(Signed)	Jaku Halls

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

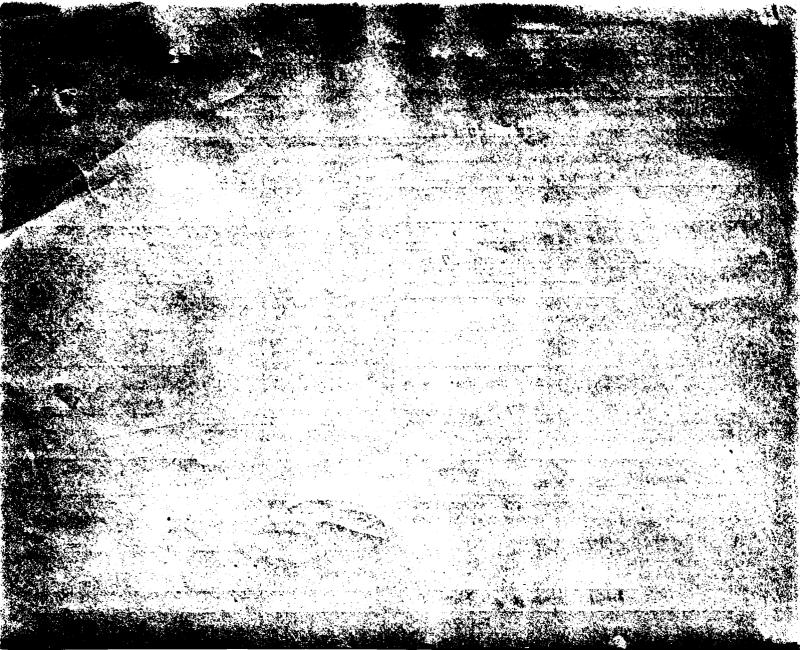
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of oune
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year.
			,
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	•

263 242 0/4 567 MEC 11 1935 RECEIVED BUREAU OF VITAL STATISTICS
Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon Canyon C of more than County of Caldwell No. Caldwell Sanitarium Registration District No. ..... State File No. ö Prim. Registration District No/005 (If born in hospital or institution give name.) ....Local Registrar's No. 2 FULL NAME OF CHILD Anna Kochis ង ដ If plural [4. Twin, triplet, or other 6. Premature 7. Legiti-D. N. 3. SexG1r1 birth 11/22/35, 198. births NT RECORD, number of each 5. Number, in order of birth..... Full term...Yes... mate? ..Yes.... (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name andy Kochis maiden Mary Norga name 10. Residence (usual place of abode) # 3 Parma, Idaho 19. Residence (usual place of abode 3 Parma PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)..... Hungary 22. Birthplace (city or place) Hungary 13. Birthplace (city or place)..... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Farming of work done, as housekeeper, typist, nurse, clerk, etc. Housewife Ş 15. Industry or business in which 24. Industry or business in which made work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent ģ NG INK-must be last engaged in this work 26. Total time (years) spent last engaged in this work ...... 19...... in this work.... . ..... 19...... in this work..... WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? Stillborn 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living.....9... (b) Born alive but now dead.....1... (c) Stillborn ...... unknown Before labor 2 days 29. If stillborn. months 30. Cause of Stillbirth period of gestation Full tam or weeks Uuring labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was at 111born at 1 a.M. on the date above stated. ದ PLAINLY (Born Anve or Stillborn) birth When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return.  $\mathbf{f}_{ullet} \mathbf{M}_{ullet} \mathbf{Cole}$ WRITE P Give name added from a supplemental report..... Address Caldwell, Ideho (Date of) Registrar. Begistrar.



PLACE OF DEATH  DEPARTMENT OF PUBLIC PLACE OF DEATH	ATISTICS - 96129
County of Canyon CENTIFICATE OF	DEATH State File No
Coldwell Registration District No	NA 0 0 J Local Registrar's No. 13
City of Primary Registration District	No. 0 0 0
(No(If death occurred in a hospital or institution, give its	
	name instead of street and number.)
2. FULL NAME Anna Kochis	
R. # 3 Parmal, Idano	S+
(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and S How long in U. S., if of foreign birth? yrs. mos.
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed.	16. DATE OF DEATH
Girl W color or RACE or Divorced (write the word)	Stillborn 11/22/35
	(Month) (Day) (
5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day and year)	that I last saw h alive on,
7. AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at
Stillborn. min.	The CAUSE OF DEATH* was as follows:
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work.	Not known
(b) General nature of industry.	
business, or establishment in which employed (or employer)	(duration) yrsmos.
(c) Name of employer	CONTRIBUTORY (Secondary)
Avy state of displayer	(duration)yrs,mos.
9. BIRTHPLACE (city or town)	18. Where was disease contracted
(State or country)	if not at place of death?
10. NAME OF FATHER Andy Kochis	Did an operation precede death? Date of
THE DEPOSITE A CITY OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRESS OF THE COLUMN AND ADDRES	Was there an autopsy?
(State or Country)  Hungary	What test confirmed diagonals?
	(Signed)
12. MAIDEN NAME OF MOTHER Mary Norga	// Address (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Addr
13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from V
(State or Country) Hungary	CAUSES, state (1) MEANS AND NATURE OF INJURY, whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14.	19. Place of Parial, Comestion, or Removal Date of Bur
Informant	malhur - Oregon
(Address)	20. Undertaker Address

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH-Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bron-

chopneumonia (secondary), 10 ds. Never report mere

chopheumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality or "PHERDERAL sention": "PHERDERAL sentions."

as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was un-

dertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

1. BLACE OF BIRTH DEC 11 1935 R  County of Cardinal Print Registration  (If born in hospital or institution give name.)  Print Registration	ECE DEPARTMENT OF PUBLIC WELFARE CERTIFICATE OF BIRTH 237888
Registration (If born in hospital or institution give name.)  Prim. Registration  Prim. Registration  Prim. Registration	
3. Steele   If plural   4. Twin, triplet, or other	Full term mate?
name Haden Waner	18. Full MOTHER maiden Hay Hays
10. Residence (usual place of abode) (aldwell (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident give place and State)
11. Color or race   12. Age at last birthday (years	3) 20. Color or race. 21. Age at last birthday (years
13. Birthplace (city or place)	22. Birthplace (city or place) (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, Macheniel sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which
sawmii, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work   26. Total time (years) spent
, 19 in this work	in this work
27. What prophylactic was used to prevent Ophthalmia Neona	
	n and including this child) 5 w living
29. If stillborn, months period of gestation	30. Cause of Stillbirth Before labor 12 During labor
CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who wa	(Born Any or Stillborn)
should make this return	Signed) M. D.
Give name added from	Caldwell Idaha Midwife
(Date of)	iled //- 25-55 193 777777
Registrar.	Registrar.



N. B...-WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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City of County of County of County of County of County of CERTIFICATE (Registration District No	STATISTICS 20127
City of CERTIFICATE ( Registration District No	OF DEATH CALL THE NE
Primary Registration Distriction (No	Y 10 10 10 10 10 10 10 10 10 10 10 10 10
(If death accurred in a hospital or institution, a	(ive its name instead of street and number)
(a) Residence. No	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign black? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow ed or Divorced (write the word)	e 21. DATE OF DEATH (month, day and year)// 22 193
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from 193 to
6. DATE OF BIRTH month, day, and year) 1921	I last saw halive on, 193: death is said to have occurred on the date stated above, at 3
7. AGE Years Months Days If LESS that 1 day, hr	The principal cause of death and related causes of impor-
8. Trade, profession, or particular	
kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, snw mill, bank, etc.  10. Date deceased last work- ed at this occupation spent in this	
work was done, as sitk mill, saw infil, bank, etc.	
10. Date deceased last work- ed at this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	Ž
E 13. NAME H Marser -	Date of
14. BIRTHPLACE (city or rown)	Name of operation
15. MAIDEN NAME May Lans	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT (Address)	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION OR REMOVAL.  Place Assam Ball Date	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED / 26. 55, 193 Registrar.	(Signed) W. W. D. Caldevill M. D.

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

FYAMPIFI

8.—The trade, profession, or particular kind of work done.
9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	i week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
		•	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

City of County o	STATE OF IDAHO  CO DEPARTMENT OF PUBLIC WELFARE  23795
City of Burley	CENTIFICATE OF BIRTH 896487
Registration 1	District No. State File No.
(If born in hospital or institution give name.) Prim. Registr  2. FULL NAME OF CHILD	eation District No. 288 Local Registrar's No. 288
3. Sex   If plural \ \{4. Twin, triplet, or other \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Premature 7. Legiti- birth // 1985 (Month, Day, Year)
9. Full FATHER name Idolph Young	18. Full MOTHER maiden name Service Swasy
10. Residence (usual place of abode) (If non-resident, give place and State) Bullet	19. Residence (usual place of abode) (If non-resident, give place and State). Bulley
11. Color or race. 12. Age at last birthday 3/ (years)	20. Color or race   21 Age at last birthday 22 (years)
13. Birthplace (city or place) (rangeville (state or Country)	22. Birthplace (city or place Saulaguin Mah. (State or Country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which	24. Industry or business in which work was done, as own home,
sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years) spent	25. Date (month and year) last engaged in this work 26. Total time (years) spent
in this work	in this work
27. What prophylactic was used to prevent Ophthalmia Neona	torum?
28. Number of children of this mother (At time of this birth (a) Born alive and now	and including this child) > viving. (c) Stillborn
29. If stillborn, period of gestation full turn are months or weeks	30. Cause of Stillbirth
CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was	Still form at n on the date above stated.
should make this return.	digned) Houtles, M.D.
Give name added from	dress Burley Ida Midwife
	led Dec 5, 1935 Jame & Spracher
Registrar.	led Stee 5 , 1935 Sauce & Syractic Bogistrar.

WILL THE STATE OF STATE OF TARIET CARE OF BURRE Registration District No. Trips Registration grainwall Print Registration Charles No. 2012 Local Registration Co. THE MANY OF CHILD Arrests in order of birth ..... bull torus and a coper ALUDE DOUM FATHER TRUTTOM n'elden Linding Company Tebole to some lated by the of the in Residence (named place of abods) the puriversion give place and State 'If non-resident, give piace and Mars. the Bir baings toty of places and the Buttaphers cally of places and Adolest Adolest State of Country, State on Construe Les Innue, ereitzeich, er partigular 128. Trade, protession, or particular kind pull of work dette, as hopsekeeper, tad of wate done as spinsor, a being ato requirebe actives typist, nerse, eiers, elf. The min Industry or indiaes: in which 24. Industry or business in which well see done as slik mil. work was done, as own home, lawyer's office, silk will, etc. Charle (month and wear) 25. Dake (month and pear) hast eastered in little work 17. Total time (years) spout 12. least one saud in this work : 22. Total time (sears) about in this work the chie work ..... Trave tradeposite was super to prevent Constitutions Readed travers (filliberia) regulated of the filliberia was all the filliber to exclude the filliberia to exclude the (a) Boyn alive and the dring the burn alive but new deed to go Stillbert ... Moonth's works Brodier il W Carriag Jober ..... W. Cours of Stubieth nadul orodeki CHARLESTE OF ATTEMENT PHYSICIAN TO STADISFERING Thereby certify that I attended the birch of this child, who were seen the standard attended above stands West Live Committee When there were no attended physician, II 14 .... In militie, then the (ather, box-nolder, etc., e should brink thin cours. orientie... Miles name added from In Manierconial Joseph in Fi (20 state)

N. B...WRITE PLAINLY, WITH UNFADING INK..-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

DEC 11 1935 RECF	,
SIA IDA	AHO IC WELFARE DO NOT WRITE IN THIS SPACE
A	STATISTICS OC153
CERTIFIC O	F DEATH   State File No
City of Registration Dist	117
Primary Registration District	Local Registrar's No.
(No	) 2-0 <sup>1</sup> / <sub>2</sub>
(If death occurred in a hospital or institution, give	ve its name instead of street and number)
2. FULL NAME and young	Q /
(a) Residence. No.	at ave, st Durley
(Usual place of abode)  Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widow ed or Divorced (write the	21. DATE OF DEATH (month, day and year) ///5 7935
T. Menican word)	22 I HEREBY CERTIFY, That I attended deceased from
5a. At married, widowed, or divorced H VSBAND of	1935 to //- 193.2
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	I last saw halive on
7. AGE Years Months Days II LESS than	The principal cause of death and related causes of impor-
1 day, hrs.	tance were as follows:
suit same or min.	St. M. B
8. Trade, profession, or particular kind of work done, as spinner,	all sein
sawyer, bookkeeper, etc.	
work was done, as silk mill,	
Saw mill, bank, etc.  10. Date deceased last work.  11. Total time (years) ed at this occupation spent in this	
ed at this occupation spent in this (mo. and yr.)	Other contributory causes of importance:
till till till till till till till till	
12. BIRTHPLACE (city or town).	
# 0 -1 11 1	
13. NAME adophe young	Rame of operation Date of
14. BIRTHPLACE (city or town) Klandy quil	What test confirmed diagnosis? Was there an autopsy?
* State of Country	23. If death was due to exter'l causes (violence) fill in also
15. MAIDEN NAME Service Swasey	the following: Accident, suicide, or homicide? Date of injury193.
16. BIRTHPLACE (city or town)	Where did injury occur?
(State or country)	(Specify city or town, county, and state)
17. INFORMANT Carphe Young	Specify whether injury occurred in industry, in home, or in
18. BURIAL, CREMATION OF BEMOVAL	public place
Place Bruley olda, Date . I. 1 . 195, 1934.	Manner of injury
10/18 1	24. Was disease or injury in any way related to occupation
(Address)	of deceased? It segs secity
20. FILED/1/16/ 1925 Luna & Spracher	(Signed) . A. Quiller, M. D.
Registrar.	(Address)

Dr. J. H. Cutten

## UNITED STATES STANDAR RTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation of pursuits can be known. Make some entry in this section by person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

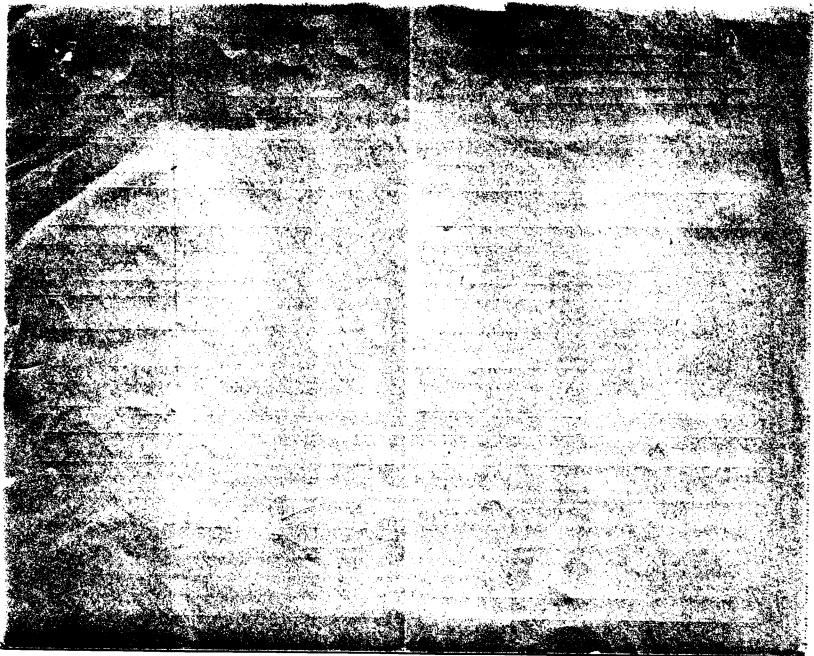
Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal pal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onnet	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

289-124-024-299 ec 7-1935 Recr STATE OF IDAHO ARTMENT OF PUBLIC WELFARE County of Ad CERTIFICATE OF BIRTH No. O. R. OC Consolation 105 State File No. ..... Registration District No. ..... case of Prim. Registration District No. 2/83 Local Registrar's No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 유급 6. Premature X 7. Legiti-If plural (4. Twin, triplet, or other..... birth Nov. 2H 193 each, hirths mate? Z (Month. Dav. Year) 5. Number, in order of birth... Full term. MOTHER 9. Full FATHER 18. Full ö maiden name number name Tatheune. 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State) Arangemble (If non-resident, give place and State). Aromae rulle 13. Birthplace (city or place) Mock. and (State or Country) (State or Country) 23. Trade, profession, or particular kind each, 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner UPATION typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. e i 24. Industry or business in which 15. Industry or business in which work was done, as silk mill, work was done, as own home. made lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work 9 in this work 2 Mass in this work..... ...... 19...... must ..... 19..... UNFADING: 27. What prophylactic was used to prevent Ophthalmia √Neonatorum? ...... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living (b) Born alive but now dead (c) Stillborn 1 Before labor..... months 30. Cause of stillbirth le harte 29. If stillborn. period of gestation or weeks During labor..... WITH Separa CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was Stiff Corn atilitis m. on the date above stated. Adise of Stillborn) When there was no attending physician? (Signed) .... Trialers *rv* , **M**. D. or midwife, then the father, hoseholder, etc., should make this return. Cattonwood Give name added from WRITE one child a supplemental report..... (Date of) Filed Mov. 29 Registrar. Registrar.

IZK K



FORM V. S. No. 5-2 1 1935	KECEIVED	TE OF DEATH	State of Idaho BOARD OF MEALTH
7	Registration District No.		Bureau of Vital Statistics
County of Jano		trict No	File No. 30113
City of Cottonwood	(No. 0. 9.9.C.	Wasfital St.)	Registered No. 28
If death occurs away from usual residence, give facts called for under special information.  2. FULL NA	ME Sary J	hill Shira	If death occurred in a hos- pital, institution or camp give its NAME instead of street and number.
PERSONAL AND STATISTICA	L PARTICULAR	MEDICAL CERTIFI	CATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	NGLE, MARRIED, WID-		1) (0
male St.	OWED OR DIVORCED Single (Writesthe word.)	16. DATE OF DEATH	200
B. DATE OF BIRTH	•	Mont (Mont	h) (Day) (Year)
November (Month)	(Day) 1935 (Year)	17. I HEREBY CERTIFY,	That I attended deceased from
AGE C+'III	IF LESS than 1 day		19
Survoin	how manyhrs.	that I last saw halive on	in u=A
YrsMosds.	ormin.?	and that death occurred on the	
		The CAUSE OF DEATH* was a	Tiphriti of
a) Trade, profession or articular kind of work		Me Cher	<u> </u>
b) General nature of in- ustry, business or estab- ishment in which employ- d (or employer)d	٠		
. BIRTHPLACE		(Duration)	Yre 6 mos ds
(State or Country)	·	Contributory(Secondary)	
O. NAME OF FATHER W. Pl. Il	2		yrsmosds
1. BIRTHPLACE	mra	(Signed) Wally	M. D
OF FATHER (State or Country)	Migganiai.	1/24/1938 (Address) L	thou wood, Ila.
12. MAIDEN NAME OF MOTHER & 10	Q.	*State the Disease Causing Death; c. (1) Mesns of Injury; and (2) whether	in deaths from Violent Causes, state Accidental, Suicidal or Hemicidal.
13. BIRTHPLACE OF MOTHER	ilms co	18. LENGTH OF RESIDENCE Transients or Recent Residence	E (For Hospitals, Institutions lents.)
(State or Country)	a	At place I death yrs	n the State yrs mos day
4. THE ABOVE IS TRUE TO THE BE	ST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
(Informant) Miss. Shill	Shura	Former or usual residence	***************************************
(Address) Stanger	lle, Laho	19. PLACE OF BURIAL OR RI	EMOVAL DATE OF BURIAL
15. Nop. 24 1035	A. F. (Day)	Granguelle.	11-24 1935
Filed 600 4 1932	Local Registrar	20 UNDERTAKER	ADDRESS
SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	- U. J.	1	, L

MARGIN BESERVED FOR BINDING

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of "(name or gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

of more than foirth stated.	1. Co Ci No	PLACE OF BIRTH DEC 0-1935 RECO	CHECKFIOATE OF BIRTH
In order of	tio	i born in nospital or institu-	District No. 12 State File No. ation district No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's No. 12 Local Registrar's
RECORD. N. B number of each,	9.	Full FATHER A	Premature 1. Legiti- Full terminal mate? 32 8. Date of birth 1935  18. Full maiden P MOPHER
	11.	Residence (usual place of abode) (if non-resident, give place and State)	19. Residence (usual place of abode)  (If non-resident, give place and State)  20. Color or race
-THIS IS A PERMANENT be made for each, and the	13.   NOLLATION	Birthplace (city or place)	22. Birthplace (city or place)
INK- must	27.	16. Date (month and year) last engaged in this work  17. Total time (years) spent in this work	onatorum? TWChung
arate Return	29.	If stillborn, period of gestation	Eclampsia monde the
PLAINLY WITH U		etc., should make this return.	32.3
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second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon the state of the second second and second second second second 

OCCUPA DO NOT WRITE IN THIS SPACE OF PUBLIC WELFARE County of Idaho BUREAU OF VITAL STATISTICS 96170 should CERTIFICATE OF DEATH State File No ... Every Registration District No.... PHYSICIANS Primary Registration District No. 1001 statement Local Registrar's No.... (If death, occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. de PERMANENT stated EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single. Married. Widow-21. DATE OF DEATH (month, day and year) //- 2) ed or Divorced (write the 193 5 word) 22. I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Nov. 2 7 - 33 I last saw housetive on Jun 27 193 5? death is said to have occurred on the date stated above, at 10 7. AGE Years Months Days If LESS than The principal cause of death and related causes of importance should 1 day ..... hrs. RESERVED were as follows: or ..... min. Date of annu 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc. ..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) nformation should be carefully plain 13. NAME Name of operation.... ..... Date of What test confirmed diagnosis? I Was there an autopsy?..... 14. BIRTHPLACE (city or town) fordlass very important. (State or country) 23. If death was due to exter'l sauses (violence) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury..... 193.... Where did injury occur? ... 16. BIRTHPLACE (city or town) Laurela (Specify city or town, county, and state) (State or country) Specify whether injury occurred in industry, in home, or in 17. INFORMANT /b. ) E public place. (Address) Manner of injury..... CAUSE HOL Nature of injury..... 24. Was disease or injury in any way related to occupation of 19. UNDERTAKER deceased? ..... (Address) 20. FILED /3// 193 Registrar.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of vartous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

\_\_\_\_\_\_

- 8.—The trade, profession, or paricular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term 'laborer' when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart fallure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

\_\_\_\_

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
		•	***************************************
	••••••		****************

PLACE OF BIRI STATE OF IDAHO DEPARTMENT OF PUBLIC WILLFARE In case of more the MREAU OF VITAL STATISTICS City of...... BERTIFICATE OF BIRTH 238063 No...... St. 10 b State File No. Registration District No. (If born in hospital or institu-Prim. Registration District No. 2184 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD N. B.—In each, in ( If plaral 8. Date of 3. Séz births birth..... 5. Number, in order of birth..... Full term. RECORD. mete? (Mozth, Day, Year) MOTHER 9. Full FATHER 18. Full name maiden name 10. Residence (usual place of abode) 19. Residence (usual place of abode) PERMANENT each, and the (If non-resident, give place and State) Manuall (If non-resident, give place and State) 11. 11. Color or race// 12. Age at last birthday 39 (years) 20. Color or race 2 21. Age at last birthday 13. Birthplace (city or place). Manage. (State or country) (State or country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as sympher, of work done, as housekeeper -THIS IS A be made for unes sawyer, bookkeeper, etc. 24. Industry or business in which 15. industry or business in (which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent must in this work 7-3 27. What prophylactic was used to prevent Ophthalmia Neonatorum? FADING Return 1 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q...(b) Born alive but now dead.. Q...(c) Stillborn. Before labor ... months or weeks 30. Cause of stillbirth Author 29. If stillborn, During labor. period of gestation .... CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was at (a.A. m. on the date above stated. INLY When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from chil a supplemental report..... Address (Date of) Registrar.

























After the Section 2

PLACE OF DEATH	DEPARTMENT OF PU	BLIC WELFARE	DO NOT WRITE IN	THIS SPAC
County of Jdaho	BUREAU OF VITATION OF CEDTICICATE		9	96164
City of States	CERTIFICATE	10 (	State File No	70102
	Registration District No	106		
	Primary Registration Distr	ict No2.184	Local Registrar's No	39
(If death decu	(No red in ospital or institution,	oliva ika asaa kasaa 3	)	~ O
2. FULL NAME		give its name instead	of street and number)	8
(a) Residence. No		,	St Stite & St	eho
(Usual place of abo Length of residence if city or t	de) own where death accurred, <del>- yrs</del>	(If nonre	sident give city or town a	and state)
	ristical Particulars			
1 · · · · · · · · · · · · · · · · ·	Race 5. Single, Married, Widox	<del>,-</del> ∦·	AL CERTIFICATE OF DE	
France 1. 2/1 .0.	ed or Divorced (write the word)	e 21. DATE OF DEA	ATH (month day and yea	r) Hord b
d. If married, widowed, or	divorced Jufant	22. I HEREBY C	ERTIFY, That I attended	/ =
HUSBAND of (or) WIFE of	and		-,-los, to .//	•
6. DATE OF BIRTH (mont	, day, and year)		live on, 193 on the date stated above,	
7. AGE Years Mon	ths Days If LESS th	The principal caus	se of death and related c	
	1 day h	II	ollows:	Date of
8. Trade, profession, or pa	rticular	have bat	n - Just min	V
sawyer, bookkeeper, e	te	bellis - oc	kipete postino	
work was done, as sill	mill.	Bonn des	L	
	ork-; 11. Total time (years)			
ed at this occupation (mo. and yr.)	ion spent in this occupation	Other contribute	ory causes of importance:	
12. BIRTHPLACE (city or	own) Stitu			
(State or country)	Idah			
13. NAME Stanly	Howard austin	Name of operation	muka deline	Date of
14. BIRTHPLACE (city of (State or country)	r town). Maram. Plaine	.	еd diagnosis? Was the	
	1 D : 7/	23. If death was d	lue to exter'l causes (viole	
15. MAIDEN NAME  16. BIRTHPLACE (city of (State or country))	A town Halford	the following: Accident, suicide,	or homicide? Date	of injury.
b 16. BIRTHPLACE (city (State or country)	r town) Juguriani		occur?	
17. INFORMANT Lena	4 Rosin 7 Halford	11	njury occurred in industry	
(Address) 18. BURIAL, CREMATION (	Grangwill			
Place	Date Mod. 7. 193	Manner of injury Nature of injury.	·	
	7 miles		r injury in any way relate	ed to occup
19. UNDERTAKER		of deceased?	se special	2002
20. FILED Dec. f., 193 1	- M Verbertuns	(Signed) (Address)	. !	S. J.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

DARMI EL I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onse
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

849104-026-229 1. PLACE OF BIRTH DEC 12 1935 RECFIVE DEPARTMENT OF PUBLIC WELFAL COUNTY OF A PARTITION OF PUBLIC WELFAL COUNTY OF A PARTITION OF BIRTH DEPARTMENT OF PUBLIC WELFARE —In case of more the Registration District No. ..... State File No. (If born in hospital or institu-tion give name.) 2. FULL NAME OF CHILD ...... N. P. B. B. H. 6. Premature 7. Legiti-8. Date of If plaral 4. Twin, triplet, or other..... 3. Sex births hirth. Full term... mete? 5. Number, in order of birth.... number of 18. Full MOTHER 9. Full FATHER maiden name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). 11/2 MOM PERMANENT each, and the (If non-resident, give place and State) MR.Md. Y 11. Color or race A. | 12. Age at last birthday ... (years) 22. Birthplace (city or place) ANOULD AN (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, sawyer, bookkeeper, etc. OCCUPATION typist, nurse, clerk, etc. 2/5.4 15. Industry or business in which 24. Industry or business in which made work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent ይ 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must in this work ..... 19...... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING a Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2....(b) Born alive but now dead... D. (c) Stillborn...... Before labor..... months 30. Cause of stillbirth MAKNOWN 29. If stillborn. During labor..... period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who Am. on the date above stated. PLAINLY id at birth When there was no attending physician / (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from Address Filed DEC Registrar.

and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of ALLES AN AREA IN SO Some of the rigida, de Japane al arte de L'america of all the thus to early of the X to 1101 4 pents of he would need to be the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to the training to t THE REPORT OF THE SHAPE THE CHANGE IS Same water THE PARTY OF THE PARTY. 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Registration District No. 98  Registration District No. 2176  (If death occurred in a hospital or institution, give its name instead of street and number)  (If death occurred in a hospital or institution, give its name instead of street and number)  (If nonresident give city or town and state)  (I	PLACE OF DEATH	DEPARTM	ENT OF PUB	LIC WELFARE	DO NOT WRITE IN	THIS SPACE
Primary Registration District No. 2176  Local Registrar's No. 3  (If death occurred in hospital or institution, give its name instead of street and number)  FULL NAME  Bay Calum.  (In an explaint of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	ounty of Jellerson	CERTIF	ICATE C	of DEATH	State File No	94256
(If death occurred in a hospital or institution, give its name instead of street and number)  FULL NAME Baby Calim.  (a) Residence. No	•	Registration :	District No	98		
FULL NAME Baby quime  (a) Residence. No		Primary Regi	stration Distric	t No. 2176	Local Registrar's No	36
FULL NAME Baby Quinn.  (a) Residence. No	(70.2.42	(No	***************************************		)	
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Male White ed or Divorced (write the Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of Babe of B				MEDICA	L CERTIFICATE OF D	EATH
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HISTAND OF (OF) WIFE OF BIRTH (month, day, and year)  July 4, 1935  AGE Years Months Days If LESS than to have occurred on the date stated above, at		word) B	a be	22 I HEREBY CI	ERTIFY. That I attende	d deceased from
DATE OF BIRTH (month day and year)  AGE Years Months Days If LESS than I day, hrs or min this or min this or min this saw hirelive on the date stated above, at m. The principal cause of death and related causes of importance work done, as submare, sawyer, hookkeeper, etc.  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date decensed last work. 11. Total time (years) sent in this occupation (mo. and yr.)  12. BIRTHPLACE (city or town).  13. NAME John min  14. BIRTHPLACE (city or town).  15. MAIDEN NAME Clars Sherlet Skein (State or country)  16. BIRTHPLACE (city or town).  17. INFORMANT (State or country)  18. MAIDEN NAME Clars Sherlet Skein (State or country)  19. UNDERTAKER NONE  19. UNDERTAKER NONE  10. Date of injury.  19. UNDERTAKER NONE  19. Sam hirelive on the date stated above, at m. The principal cause of death and related causes of importance causes of limportance:  19. Under contributory causes of importance:  19. Under contributory causes of importance:  19. What test confirmed diagnosis? Was there an autopsy the following:  19. CREMATION OR REMOVAL  Place Auth 15. 108.  19. Date of injury.  Nature of injury.  Nature of injury in any year related to occupating deceased?  19. UNDERTAKER NONE  19. FILED Putty, 5, 193.5.  19. Where did injury in any year related to occupating deceased?  19. UNDERTAKER NONE  19. OAR OR	HUSBAND of	or divorced		7/4	5 7//	193
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S. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.	July	4, 1935		to have occurred	on the date stated above	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as spinner, seed at this occupation (mo. and yr.)  10. Date deceased last work. ed at this occupation (mo. and yr.)  11. Total time (years) seed at this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  13. NAME John unim  14. BIRTHPLACE (city or town)  15. MAIDEN NAME Clars Sherlet Skain  16. BIRTHPLACE (city or town)  17. INFORMANT (State or country)  18. Where did injury occur?  19. INFORMANT (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. FILED May 5, 193.5  193. Main or min.  10. Date of work was done, as spinner, seed in min.  11. Total time (years) seed in mil.  12. Date of importance:  13. Name of operation.  14. Date of operation.  15. Maiden name of operation.  16. Date of operation.  17. What test confirmed diagnosis? Was there an autopsy accident, suicide, or homicide.  18. Date of injury occur?  19. UNDERTAKER  (Address)  193. Manuer of injury in any year felated to occupation.  (Signed)  19. Other contributory causes of importance:  19. What test confirmed diagnosis? Was there an autopsy accident, suicide, or homicide?  19. Date of injury occur?  19. UNDERTAKER  (Address)  193. Manuer of injury in any year felated to occupation.  (Signed)  19. Vecases of injury in any year felated to occupation.  (Signed)  19. Vecases of injury in any year felated to occupation.	AGE Years Mo	onths Days		0		
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	(Address)		/	deceased?		, <b>,</b>
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

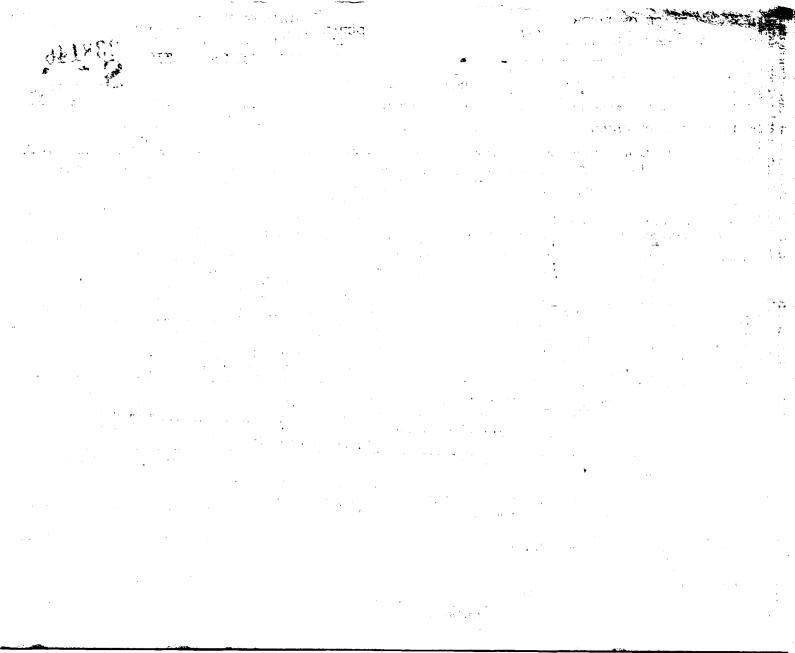
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
FOR FURTH	HER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis  Other CONTRIBUTORY CAUSES of importance:

County of Kutual DEC	10 1935 RE	STATE OF IDAH DEFARTMENT OF PUBLIC N NU E N OF VITAL ST	WELFARE
City of bacur d' Alexe No. of the st.	4	CERTIFICATE OF	BIRTH 238146
	Registration Di	strict No. 30 St	ate File No.
(If born in hospital or institution give pame)	Prim. Registrat	Hon District No. 1000 Lowerne Faire	cal Registrar's No
			8. Date of av 24, 198.3
3. Sex hirths 4. Twin, triplet, or other hirths	ŀ	term were mate? Ye	(Month, Day, Year)
9. Full name fair chief of abode) (If non-resident, give place and State)  11. Color or race. 12. Age at last bir 13. Birthplace (city or place) (State or Country)  14. Trade, profession, or particular	<del></del>	maiden /	THER
10. Residence (visual place of abode) (If non-resident, give place and State)	eurd'Alg	name Occur 19 Residence (usual place of abo (If non-resident, give place	de Been d' Dene and State)
11. Color or race W   12. Age at last bir	thday 23 (years)	20. Color or race 21.	Age at last birthday (years)
13. Birthplace (city or place) Thurth (State or Country)	Clair b-	22. Birthplace (city or place) (State or Country)	
kind of work done, as spinner,	arec	23. Trade, profession, or parti of work done, as houseke typist, nurse, clerk, etc.	e Mancekeeper
15. Industry or business in which work was done, as silk mill,		24. Industry or business in work was done, as own hor lawyer's office, silk mill, etc.  25. Date (month and year) last engaged in this work	ne,
a Sio. Date (month and John) 17. Total tir	ne (years) spent	25. Date (month and year) last engaged in this work	26. Total time (years) spent
1 g in this	work	, 19	in this work
27. What prophylactic was used to prevent O	phthalmia Neonato	orum?	
28. Number of children of this mother (At	time of this birth a Sorn alive and now	and including this child) living 0 (b) Born alive but n	ow dead O (c) Stillborn
29. If stillborn, July Term	( ,,	20 Cours of Stillbirth	Before labor
CERTIFICATE  I hereby certify that I attended the birth of	OF ATTENDING this child, who was	PHOSITIAN ON MINE	1.15 m. on the date above stated.
When there was no attending physician or midwife, then the father, householder, etc.,			M. D.
Give name added from		. Courd Ile	u. Adala
a supplemental report. (Date of)		dress	& L Sorbu MO
	Registrar.	00 195 <sub>0</sub>	Registrar.



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RECORD. Every item of C. PHYSICIANS, should ited. Exact statement of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	PLACE OF DEATH DEPARTMENT OF PUBL	ARE DO NOT WRITE IN THIS SPACE
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RD. Every i IYSICIANS, Exact statem	01	State File No.
# S C F	Registration District No Primary Registration Distric	
XS. XS.	(No	Local Registrar's No
	(M) death occurred in a hospital or institution	in, give its name instead of street and number)
RE red	2. FULL NAME /LUNCY-Luvene Ca	criftian (Succession)
NT TIL) Pessid	(a) Residence. No. 26 - 10 (Usual place of abode)  Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state)
AC AC cla	PERSONAL AND STATISTICAL PARTICULARS	mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH
MAA MA	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 11-25 1985
Ed Fed Fig.	M. Word) single	22. I HEREBY CERTIFY, That I attended deceased from
BIN State	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
A pa	6. DATE OF BIRTH (month, day, and year) /935-1/-25	I last saw homealive on
SHE BE	7. AGE Years Months Days If LESS than 1 day, hrs.	The principal cause of death and related causes of impor-
sho it it	0 0 or min.	Date of onset
E E E	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
SE A SE	E 9 Industry or business in which	Deeth actually occurred intro-
S B S	work was done, as slik mill, saw mill, bank, etc	utero 24th about 10:30 am.)
The price	ed at this occupation spent in this occupation	Other contributory enuses of importance:
ARGII UNFA V supp plain (	12. BIRTHPLACE (city or town) Cocurd alene (State or country)	Trenato Ill Realth of
MH H I		mother 1
F F F I	13. NAME Clyde H. Fairfuld  14. BIRTHPLACE/city or town The Clase	Name of operation Date of
ery Ag	(State or country)	What test confirmed diagnosis? Was there an autopsy?
YI''	15. MAIDEN NAME Selection Welson  16. BIRTHPLACE (city or town) (State or country)	23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 193.
AIN Soul Soul	6 16. BIRTHPLACE (city or town).	Where did injury occur?
PE SE SI	17. INFORMANT C. A. J. cuirflield	Specify whether injury occurred in industry, in home, or in
UTTE P nation CAUS JPATI	18. BURIAL, CREMATION OR REMOVAL	public place.  Manner of injury
	rest Place Willie Jo Date J 2 3, 1933	Nature of injury
informatate	19. UNDERTAKER ASSESS Français Home (Address) Daline day.	24. Was disease of injury in any way related to occupation of deceased?
<b>M</b>	20. FILED. 11-26., 1935 6. F. Spalm. M. Registrar.	(Address) Vens d'Allene Hill
×	rogistrar.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

# UNITED STATES STATER OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

FYAMPIF I

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

11

EXAMPLE II

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
			_ [
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN	
		, — , , , , , , , , , , , , , , , , , ,	

			tion District No. State File No.
	spital or institution give name.	) Prim. Re	egistration District NoLocal Registrar's No
A FULL NA	ME OF CHILD		l
			( Pata of
3. Sex	If plural \( 4.\) Twin, triplet, or		6. Premature. 944. 7. Legiti- birth 1/- 24. , 193.
male	births 5. Number, in order	r of birth	Full term mate? (Month, Day, Year)
9. Full	FATHER		[18. Full MOTHER
name (	rthur Wheeler		maiden name
10. Residence	(22.00.2.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.	0	
			19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or re	ace 20.   12. Age at last	birthday 2./ (y	vears) 20. Color or race. 2/   21. Age at last birthday. 19. (yes
13. Birthplace	(city or place)		22. Birthplace (city or place) Spokane Www.
	r Country)		(State or Country)
	profession, or particular work done, as spinner,		23. Trade, profession, or particular kind
sawyer, 15. Industry	work done, as spinner, Za	smes	of work done, as housekeeper, James typist, nurse, clerk, etc.
15. Industry	or business in which		24. Industry or business in which
work w	as done, as silk mill, Jabank, etc.	1 m	work was done, as own home, lawyer's office, silk mill, etc.
[ ]16. Date (m	onth and year)	time (years) sp	. #A 20. Date (month and vear)
last enga	ged in this work	time (years) sp	
		work3	
27. What prop	hylactic was used to prevent	Ophthalmia N	eonatorum?
28. Number of			birth and including this child)
	(a)	Born alive and	now living
29. If stillborn,	estation 8 2 months	months	30. Cause of Stillbirth malfamet During labor
herion of 8	estation	or weeks	During labor
	CERTIFICAT	E OF ATTENI	DING PHYSICIAN OR MIDWIFE
I hereby ce	rtify that I attended the birth o	f this child, who	o wasat m. on the date above state
When there	was no attending physician	2	
or midwife, the	en the father, householder, etc.	, }	(Signed) Double an Joen, M
should make th Give name add		J	or A Midw
supplemental	report	***********************	Address moscow Sollo f
	(Date of)		Filed 12-7 193 Allandanhous
	***************************************	Registrar.	Fued



B.—WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

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PLACE OF DEATH SURFACTOR OF VITAL STATISTICS STATEMENT OF PUBLIC WELFARE SURFACTOR OF VITAL STATISTICS STATEMENT OF DEATH  Registration District No.  Primary Registration District No.  Primary Registration District No.  Primary Registration District No.  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (Usual place of abode)  (Brush Jone of abode)  (Usual place of abode)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hospital or institution, give itsyname instead of street and number)  (If death recurred in a hosp	9-1935 KK 7 17 STATE OF IDA	AHO	
CERTIFICATE OF DEATH    State File No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration District No.   Primary Registration Dist	PLACE OF DEATH DEPARTMENT OF PUBL	LIC WELFARE DO NOT WRITE IN THIS SPACE	
Registration District No	CEDTIFICATE O	30703	
Primary Registration District No	City of MOSCOW CERTIFICATE O	State File No	
(If death occurred in a hosnital or institution, give itspanse ingressed of street and number)  2. FULL NAME  (a) Residence. No.	Registration District No		
FULL NAME  (12) Residence. No. (Usual place of abode)  (13) Residence in city or town and state)  (14) Length of residence in city or town where death occurred. Yfs. mos. ds. How long in U. S. if of foreign birth? yfs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  (2) Residence in city or town where death occurred. Yfs. mos. ds. How long in U. S. if of foreign birth? yfs. mos. ds.  PERSONAL AND STATISTICAL PARTICULARS  (3) SEX  (4) Color or Race of Divorced (write the word)  (5) Lift married, widowed, or divorced (write the word)  (6) DATE OF BIRTH (month, day, and year)  (7) Wiffe of (1) Wiffe of (1) Lift Lift in the word)  (8) Tride, profession, or barticular will be work done, as spinner, sawyer, bookkeeper, etc.  (8) Industry or business in which work was done, as silk mill. Saw mill, bank, etc. (1) Color of cecused lost work. (1) Total time (years) (mo. and yr.) (coccupation occupation (mo. and yr.) (coccupation occupation (State or country))  (8) It sharp that Color of town (Address)  (1) It sharp that Color of the work was done, as spinner, sawyer, bookkeeper, etc.  (1) And DEN NAME (city or town) (Address)  (1) It sharp that Color of the work was done, as spinner, sawyer, bookkeeper, etc.  (1) And DEN NAME (city or town) (Address)  (1) It sharp that Color occupation (Color occupation)  (2) It sharp that Color occupation (Color occupation)  (3) It sharp that Color occupation (Color occupation)  (4) It sharp that Color occupation (Color occupation)  (5) It sharp that Color occupation (Color occupation)  (6) It sharp that Color occupation (Color occupation)  (6) It sharp that Color occupation (Color occupation)  (7) What test confirmed diagnosis? (Single occupation)  (8) It sharp that Color occupation (Color occupation)  (8) It sharp that Color occupation (Color occupation)  (8) It sharp that Color occupation (Color occupation)  (9) UNDERTAKER (1) 17 (20) 193 (Single occupation)  (1) UNDERTAKER (1) 17 (Single occupation)  (1) UNDERTAKER (1) 193 (Single occupation)  (1) UNDERTAKER (1) 193 (Single occupati	Primary Registration District	t No	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. Color or Race  6. Single, Married, Widowed, or divorced (write the word)  Word  Date of Date of Birth (month, day, and year)  1. AGE Years  Months  Days  If LESS than 1 day, hrs. or with work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Work was done as silk mill. Total time (years)  12. BIRTHPLACE (city or town). Out of the contributory causes of importance:  (State or country)  13. NAME  14. BIRTHPLACE (city or town). Out of the contributory causes of importance:  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Out of the contributory causes of importance:  (State or country)  17. INFORMANT  18. BURHALL, SETHALTON OR REMOVAL  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19.	(If death occurred in a hospital or institution, give	ve its name instead of street and number)  Vicelar	
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. Color or Race  5. Single, Married, Widow of Divorced (write the HUBBAN) or (or) Wiffe of  6. DATE OF BIRTH (month, day, and year)  1. AGE Years Months Days If LESS than It day, but here in this or with the work done, as spinner, sawyer, bookkeeper, etc.  9. Industry or business in which work dad of this occupation (mo. and yr.)		who st RID.	
3. SEX 4. Color or Race of S. Single, Married, Widowed or Divorced (write the word)  4. Color of Race of Or Divorced (write the word)  5a. If married, widowed, or divorced (col) WiFe of HUSBAND of Col) WiFe of Birth (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  1. AGE Years Months Days If LESS than The principal cause of death and related causes of importance work was done, as spinner, anywer, bookkeens as spinner, shawyer, bookkeens as spinn	Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
5a. If married, widowed, or divorced (write the HUSBAND of Cor) Wiff of Go. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or Date of the date stated above, at m. The principal cause of death and related causes of import tance were as follows:  8. Trade, profession, or Briticular kind of work done, as spinner, surver, bookkeeper, etc.  9. Industry or business in which work was done, as saith mill.  8. Raw mill, bank, etc.  10. Date deceased last work. 11. Total time (years) spent in this occupation (mo. and yr.) spent in this occupatio			
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I last saw h allve on	5a. If married, widowed, or divorced HUSBAND of	22. I HERBBY CERTIFY That I attended deceased from	
The principal cause of death and related causes of importance and in day. hrs. or min.  8. Trade, profession, or particular, lind of work done as submer, sawyer, bookkeeper, etc.  9. Industry or business in which work was done as sitk mill. saw mill. hank, etc.  10. Date deceased last work. 11. Total time (years) spent in this occupation (mo. and yr.) Other contributory causes of importance: (State or country)  12. BIRTHPLACE (city or town) Other contributory causes of importance: (State or country)  14. BIRTHPLACE (city or town)	6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193: death is said	
S. Trade, profession, or imiticular kind of work done, as spinner, sawyer, bookkeeper, etc			
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.  9. Industry or business in which work was done, as sitk mill.  8. Saw mill, bank, etc.  10. Date deceased last work pent in this occupation (mo, and yr.)	Library Chair	u = -	
kind of work done, as spinner, savyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill.  8aw mill, bank, etc.  10. Date deceased last work ed at this occupation (mo. and yr.)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURTAL, CHEMATION OR REMOVAL  (State or country)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED 11 26  193 5 MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL MALLEL			
10. Date deceased last work. ed at this occupation (mo. and yr.)	kind of work done, as spinner,		
10. Date deceased last work. ed at this occupation (mo. and yr.)	9. Industry or business in which		
12. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, GREMATION OR REMOVAL  Place. MCSCOW  19. UNDERTAKER  (Address)  20. FILED  11. 26  18. BURIAL, GREMATION OR REMOVAL  (Address)  20. FILED  11. 26  18. SHALLA MARE  (Signed)  Name of operation  What test confirmed diagnosis? Was there an autopsy?.  Where dia injury occur?  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or injury.  Nature of injury.  24. Was disease or injury in any way related to occupation  (Signed)  (Signed)	saw mill, bank, etc.		
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, GERMATION OR REMOVAL  Place. MCSOCW  19. UNDERTAKER  (Address)  20. FILED.  18. BIRTHPLACE (city or town)  19. UNDERTAKER  (Address)  20. FILED.  10. AMAGE  (State or country)  Name of operation.  Date of.  What test confirmed diagnosis? Was there an autopsy?.  21. If death was due to exter'l causes (violence) fill in alse the following:  Accident, suicide, or homicide? Date of injury.  (Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or injury.  Nature of injury.  24. Was disease or injury in any way related to eccupation of deceased?  (Signed)  (Signed)	occupation  10. Date deceased last work.  ed at this occupation spent in this occupation occupation.	•	
13. NAME  14. BIRTHPLACE (city or town). CALLON  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). Callon  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GREMATION OR REMOVAL  Place. MCSCOW  Date of injury  19. UNDERTAKER  (Address)  20. FILED. 193. 5			
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(Address)  18. BUHLAL, CHEMATION OR REMOVAL  Place. MCSCOW. Date. 11/26  19. UNDERTAKER  (Address)  20. FILED. 193.5  Public place.  Manner of injury.  Nature of injury.  24. Was disease or injury in any way related to eccupation of deceased. If so specify.  (Signed)  (Signed)	(State or country)	Where did injury occur?	
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20. FILED 11/26 183 5 March survey (Signed) D. O. S. C. M	19. UNDERTAKER	24. Was disease or injury in any way related to occupation	
20. FILED 193. WELL AND STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST	11/96 5	Take	
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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last-worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onne
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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269-120032 494  1. PLACE OF BIRTHY DEC 7-1935 KG	DEPARTMENT OF IBAHO DEPARTMENT OF PUBLIC WELFARE 38180 CERTIFICATE OF BIRTH
(If born in hospital or institu-	District No. State File No. State File No. State File No. Local Registrar's No. / ?
3. Sex births 4. Twin, triplet, or other	Full termin mater birth 1937  18. Full MOTHER  maden  name  19. Residence (usual place of abode)  (If non-resident, give place and State)
11. Color or race.   12. Age at last birthday. Q(years)  13. Birthplace (city or place)   14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.   16. Date (month and year) last engaged in this work   17. Total time (years) spent in this work.   19.	. In this work
27. What prophylactic was used to prevent Ophthalmia No. 28. Number of children of this mother (At time of this birt (a) Born alive and now 29. If stillborn, months	h and including this child)  viving (b) Born alive but now deed(c) Stillhorn (c) Stillhorn (d)  birth (c) Not formul, (e) Before labor
CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child,  When there was no attending physician or midwife, then the father, householder, etc., should make this return.  Give name added from a supplemental report.	

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DEC 7- 1935 R1 PLACE OF DEATH DO NOT WRITE IN THIS SPACE BLIC WELFARE STATISTICS County of. 'E OF DEATH RECORD. Every State File No..... Registration District No..... Primary Registration District No..... Local Registrar's No .. (No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME..... Residence. No.... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Coppr or Race 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) Liechami Mel. 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h....alive on .........., 193...: death is said to have occurred on the date stated above, at ......m. AGE Months The principal cause of death and related causes of impor-Years Dava If LESS than 1 day.... hrs Date of onset no or ..... min. 8. Trade, profession, or particular OCCUPATION kind of work done, as spinner. sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Lime, Date of.... Name of operation ... 14. BIRTHPLACE (city or (State or country) What test confirmed diagnosis?.... Was there an autopsy?... MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: should 16. BIRTHPLACE (city or town) Trace Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date ..... 193. Nature of injury..... 24. Was disease or injury in any w av related to occupation UNDERTAKER of deceased? ... If so, spec (Address) 20. FILED. Que 24 1930 (Signed) .. Registrar. (Address) ...

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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

	46,219032,291	
1. Co	PLACE OF BIRTH	DEPARTMENT OF PUBLIC WELFARE
Ci	y of Shoshane	BURBAU OF VITAL STATISTICS 238181
		District No. State File No.
		ration District NoLocal Registrar's No
2.	FULL NAME OF CHILD. Balry.	Maion
3.	Sex If plural 4. Twin, triplet, or other	birth 1983
9.	Full rame Narry, Suman Man	18. Full maiden name Puby, Open, Branson;
10.	Residence (usual place of abode) (If non-resident give place and State)	19. Residence (usual place of abode) (If non-resident give place and State)
11.	. Color or race 12. Age at last forthday (years	20. Color or race 21. Age at last (1rinday (years)
13.	Birthplace (city or place)	22. Birthplace (city or place). Hw C. W. (State or country)
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc
11 -	16. Date (month and year) last engaged in this work in this work	25. Date (month and year) last engaged in this work 26. Total time (years) spent
$\frac{-}{27}$	What prophylactic was used to prevent Ophthalmia N	Neonatorum? 19
28	Number of children of this mother (At time of this bir	th and including this child) w living (b) Born glive but now dead (c) Stillborn.
29.	If stillborn, months or weeks 30. Cause of sti	Free Postore John W
		NG PHYSICIAN OR MIDWIFE
(	I hereby certify that I attended the birth of this child When there was no attending physician (	, who was at 77 m on the date above stated.  Signed) M. D.
1	etc., should make this return.	r Midwife
	ve name added from supplemental report	ddress
	Registrar.	riled PM 7 2 193 Registrar.

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STATE OF IDAHO shoul RTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE ORD. Every item PHYSICIANS show statement REAU OF VITAL STATISTICS County of. State File No. 962 Registration District No..... Primary Registration District No..... ANENT RECORD. Local Registrar's No..... (No. ..... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs, mos. ds. How long in U. S., if of foreign birth? yrs, mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) 193, word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. 7. AGE The principal cause of death and related causes of impor-Years Months Days LESS than tance were as follows: 1 day,... hrs. or ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc... 10. Date deceased last work-11. Total time (years) ed at this occupation spent in this (mo. and yr.) occupation Ful out of Grenory 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of....... 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ... 193, BIRTHPLACE (city or town ō Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry. In home, or in CAUS (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury .. Date..... 193... Nature of injury.... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER of deceased?..... If so, specify s (Signed) ..... Registrar. (Address) ......

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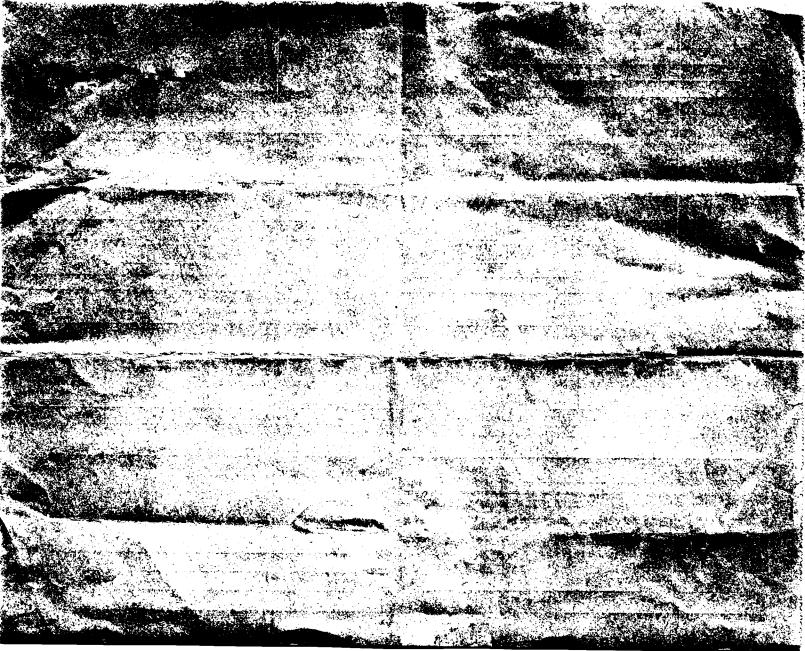
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ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

RECORD



DEC 7-1935 RE PLACE OF DEATH RIMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of. FICATE OF DEATH City of. RECORD. Ev Registration District No..... Primary Registration District No..... (No. .... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widowed or Divorced (write the 21. DATE OF DEATH (month, day and year) word) 001, 30 22. I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 193 > 31 to have occurred on the date stated above, at ......m. 7. AGE Months The principal cause of death and related causes of impor-If LESS than Days 1 day .... hrs. An i or .... min 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... Other contributory causes of importance: occupation 12. BIRTHPLACE (city or town) (State or country) Name of operation...... Date of...... 14. BIRTHPLACE (city or What test confirmed diagnosis?.... Was there an autopsy?... (State or country) Many MOTHER 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. OF 16. BIRTHPLACE (city or town). Where did injury occur?.... ATION (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Nature of injury..... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER NO. M of deceased?..... If so, (Signed) .....

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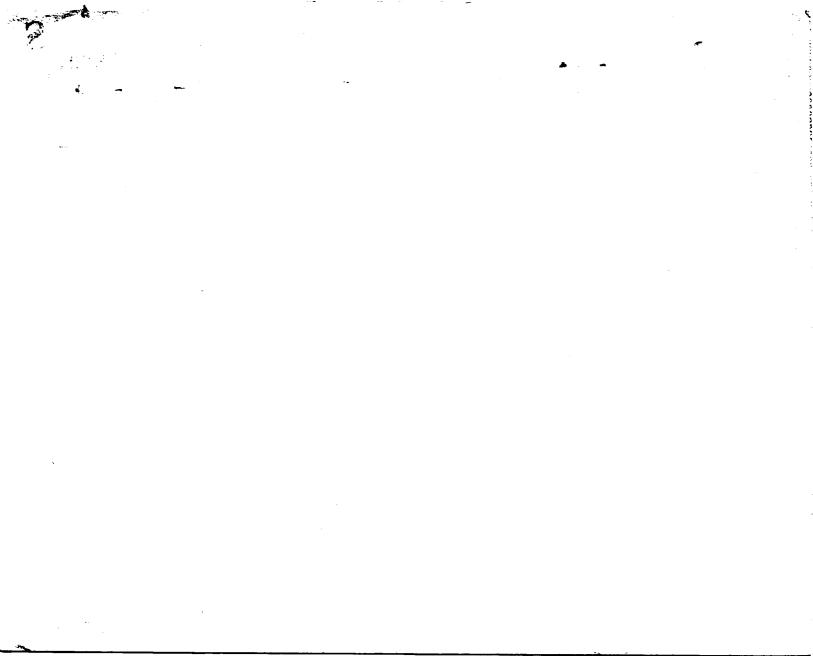
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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic inters <b>i</b> tial nephritis	1921	Run over by street car	1 week ago
Ocrebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

844-116-033-157 Place of Birth STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of. BUREAU OF VITAL STATISTICS 238207 City of... FITTIFICATE OF BIRTH Registration District No. \_\_\_\_\_\_\_ ....State File No. .... Prim. Registration District No. 2178 Local Registrar's No. 245 (If born in hospital or institution give name,) ums 2. FULL NAME OF CHILD..... 8. Date of Cel. 16183 If plural (4. Twin, triplet, or other..... 6. Premature 7. Legitibirths 5. Number, in order of birth...... Full term 4 mate? (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name maiden 1 ula name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State).... (If non-resident, give place and State) 11. Color or race U | 12. Age at last birthday 25 (years) 20. Color or race 2 (years) 13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, Labrier Dausenny of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home, sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and vear) last engaged in this work 17. Total time (years) spent 26. Total time (years) spent last engaged in this work WITH UNFADING INK Separate Return must b in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) During labor..... 29. If stillborn. months 30. Cause of Stillbirt period of gestation..... or weeks Before labor..... CERTIFICATE OF ATTENDING PHY I hereby certify that I attended the birth of this child, who was..... m. on the date above stated. (Born Alive or Atthbern When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from child a supplemental report..... Address ..... (Date of) Filed . one Registrar.

PERMANENT RECORD

PLAINLY



NOV 1% 1935 KELLIV STATE OF IDAHO PLACE OF DEATH DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF DEATH ORD. Every in HYSICIANS State File No..... Registration District No..... Primary Registration District No.... (If death serviced in a hospital or institution, give its name instead of street and number) 2. FULL NAME. Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE Years Months Davi It LESS than tance were as follows: Date of onset 1 day.... hrs or .... min. 8. Trade, profession, or particular kind of work done, as apinner sawyer, bookkeeper, etc .... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation...... Date of....... 14. BIRTHPLACE (city or town) What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also the following: 15. MAIDEN NAME Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or fown) Ō Where did injury occur?..... (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL, CRÉM Manner of injury..... Nature of injury.... 24. Was disease or injury in any way related to occupation 19 UNDERTAKER (Address) of deceased?... (Signed) (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write name.

To be complete, an occupation return must state:

EVAMBLE

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as soinner, weaver, etc.

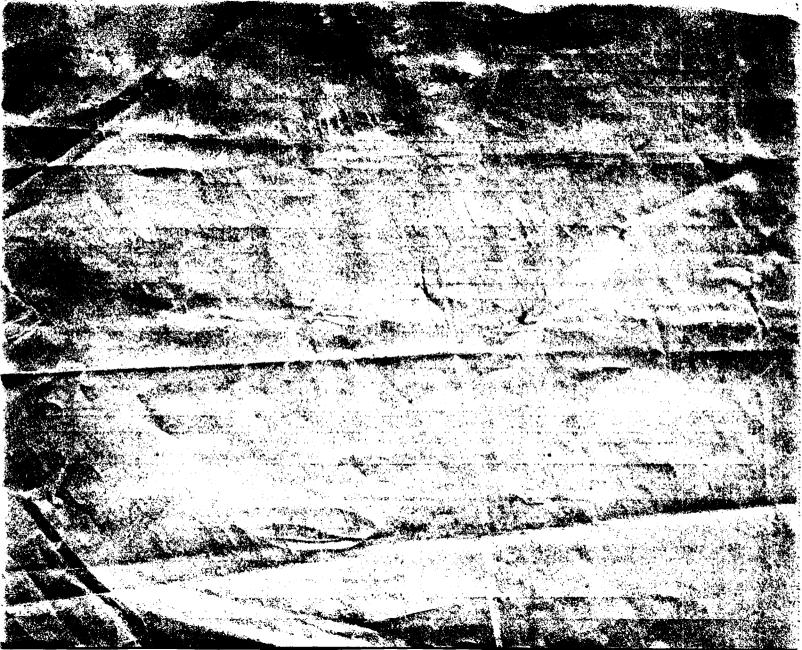
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE		EXAMPLE II	
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ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		A	

PLACE OF RECTA STATE OF IDAMO 1 1935 RECEPT MENT OF PUBLIC WELFARE County of AU OF VITAL STATISTICS City of.... CERTIFICATE OF BIRTH State File Non Registration District No. No 5085 Local Registrar's (If born in hospital or institution give name.) Brim. Registration FULL NAME OF CHILD 8. Date of If plural (4. Twin, triplet or other Assault Premature... 7. Legitibirth births 5. Number, in order of birth. Full term. mate? / (Month, Day, Year) 9. Full FATHER 18. Full MOTHER name / maiden name 10. Residence Ausual place of abode) 19. Residence (usual place of about) (If non-resident, give place and State) (If non-resident, give place and State) 11. Color or race. 12. Age at last birthday 29 (years) 13. Birthplace (city or place).... (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner. of work done, as housekeeper, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, work was done, as own home. sawmill, bank, etc. lawver's office, silk mill, etc. .... 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent 26. Total time (years) spen last engaged in this work last engaged in this work in this work..... ..... 19..... in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ... 28. Number of children of this mother (At time of this birth and including this child) -(a) Born alive and now living (b) Born alive but now dead.......... (c) Stillborn... 29. If stillborn. Before labor.... months period of gestation... or weeks During labor..... CERTIFICATE OF ATTENDING PHY I hereby certify that I attended the birth of this child, who was. m, on the date above stated. or Stillbe When there was no attending physician ) or midwife, then the father, hoseholder, etc., (Signed) .. should make this return. rre Pi child a Give name added from a supplemental report... (Date of) Rockstrar



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write hone.

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- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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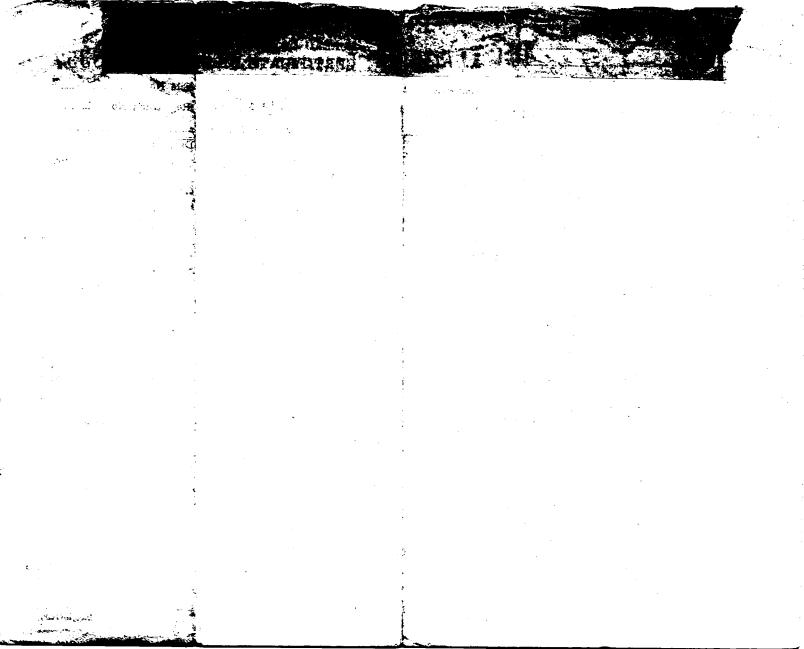
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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

TATE OF IDAHO. more than DEPARTMENT OF PUBLIC WELFARE County .. of .... EC 1) 1935 聚化的 BUREAU OF VITAL STATISTICS PROATE OF BUILDING 208357 City of ... State File No. ..... Registration District No. case cer of (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 8. Date of Ë শ্ birth 9-OKD. N. of each, 3. Sex births Full term. 414 mate? ... 5. Number, in order of birth..... PERMANENT RECORD. MOTHER FATHER 18. Fulf 9. Full maiden sames name name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State). (If non-resident, give place and State 22. Birthplace (city or place) Gdave 13. Birthplace (city or place) (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, () kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. for 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, made lawyer's office, silk mill, etc. sawmill, bank, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work AG INK-must be in this work..... 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNFADING (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living.......(b) Born alive but now dead......(c) Stillborn. Though puboted plants Before labor..... months 29. If stillborn. is stillborn, period of gestation 9 Months WITH UN Separate or weeks CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at U. 1. m. on the date above stated. I hereby certify that I attended the birth of this child, who was ..... (Born Alive or Stillborn) ಹ When there was no attending physician ) (Signed) or midwife, then the father, hoseholder, etc., should make this return. Midwife Give name added from child WRITE one child a supplemental report..... Wec. 8 Registrar.



PLACE\_OF DEATH DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS DEATH State File No..... Registration District No..... Primary Registration District No. 2085 Local Registrar's No ... give its name instead of street and number) FULL NAME (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 9 ed or Divorced (write the word) 7 22\_I HEREBY CERTIFY, That I 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 44.30. Lev If LESS than The principal cause of death and related causes of impor-Days AGE Months 1 day .... hrs. ..... min. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ...... 9. Industry or business in which work was done, as silk mill, saw. mill, bank, etc..... 10. Date deceased last work\_ 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: occupation ... (mo. and yr.) ..... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation...... Date of........ 14. BIRTHPLACE (city What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 日日 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury.., 193. QF 16. BIRTHPLACE (city or town Where did injury occur?.... (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in (Address) 18. BURIAL, CREMATION Manner of injury..... Nature of injury...... 24. Was disease or injury in any way related to occupation of deceased?... (Address) (Signed) (Address)

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

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	EXAMPLE II	
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 weck ago
July 5, 1927	Peritonitis	3 days ago
May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
FOR FURTH	IER STATEMENTS BY PHYSICIAN	
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    1915

<b>9</b> 11	261-227 024-857 1. PLACE OF BIRTH STATE OF IDAHO
ا ا ا	County of Goodley OFC 7-1935 RECEIVED OF VITAL STATISTICS 238373
of more n stated.	County of Goodleg DEC 7-1935 RECEIVENTIFICATE OF BIRTH  NoSt.  Perceptration District No. 24 State File No. 15
case o	No
E o	(If born in hospital or institution Prim Registration District No. 1 Local Registrate No. 430
B.—	$\mathcal{I}$
Zel	2. FULL NAME OF CHILD. UMMamel -
RECORD.	3. Sex If plural 4. Twin, triplet, or other 6. Premature 7. Legitibirth 5. No. 1 1935
E S	9. Full FATHER 18. Full MOTHER
NT R	name Trus Brating and maiden fliveule Higgins.
he n	10. Residence (usual place of abode) (If non-resident, give place and State)
PERMANENT ch, and the numb	11. Color or race 12   12. Age at last birtiday 24 (years) 20. Color or race 12. Age at last birtiday 3.2 (years)
PE sch,	13. Birthplace (city or place) 22. Birthplace (city or place) (State or country)
IS A for ea	14. Trade, profession, or particular and of work done, as housekeeper.
THIS made	5 24. Industry or business in which
1.8	15. Industry of business in which
INK	sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)  18. Date (month and year) last engaged in this work  26. Total time (years)  soent in this work  3 begin in this work.
ADING ETURN D	10-27 1939 spent in this work 1929
RETU	27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2(b) Born alive but now dead(c) Stillborn
LINFADING RATE RETURN D	28. If stillborn, period of gestation 7 cos of or weeks 29. Cause of stillbirth Landsume. During labor.
WITH a Separ	CERTIFICATE OF ATTENDING PHATE OR MIDWIFE
WY	I hereby certify that I attended the birth of this child, who was students at U.C. m. on the date above stated.
PLAINLY aild at birth,	When there was no attending physician or midwife, then the father, householder, (Signed)
LAII	(etc., should make this return.  Give name added from  Or
	a supplemental report
WRITE one c	Registrar. Filed 10 127 , 1935 A Council
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DEC /- 1935 RE OCCU-OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE VITAL STATISTICS Grorling County of. CERTIFICATE OF DEATH State File No..... City of... statement Registration District No .. Local Registrar's No. ... 63 Primary Registration District No..... PHYSICIAN (If death occurred in a hospital or institution, give its name instead of street and 2. FULL NAME Ummanud mu Residence. No..... (If nonresident give city or town and state) (Usual place of abode) ds. How long in U.S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Sipple, Married, Widowed, or Description (write the word) 3.SEX 4. COLOR OR RACE 21. DATE OF DEATH (month day, and year) /0-27 193 7 I MEREBY CER'LIFY, That I attended Caralnemit 193 5a. If maried, widowed, or divorced HUSBAND of I last saw h.....alive on ..... ...... death is said (or) WIFE of 6. DATE OF BIRTH (month, day, and year)/0-2.7-The principal cause of death and related causes of importance 7. AGE If LESS than 1 day, O hrs. Date of onser Months Days Years 1 day, U 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookeeper, etc ... 9. Industry or business in which work was done, as silk mill, instruction saw mill, bank etc ..... Other contributory causes of importance: 10. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation..... vear) 12. BIRTHPLACE (city or town) (State or country) Name of operation ....... Date of ....... 13. NAME ₩ What test confirmed diagnosis? ..... Was there an autopsy? ... 14. BIRTHPLACE (city or town) FA (State or country) 23. If death was due to exter'Icauses (violence) All in also the following: Accident, suicide, or homicide? ...... Date of injury ....... 193 15. MAIDEN NAME Where did injury occur? (Specify city or town county, and State) 16. BIRTHPLACE (city or town) ..... (State or country) Specify whether injury occurred in industry in home, or in public 17. INFORMENT (Address) Manner of injury..... 18. BURIAL, Nature of injury 193 24. Was disease or injury in any way related to occupation of deceased? ..... If so, sp (cilly (Address) (Signed) Registrar. (Addr

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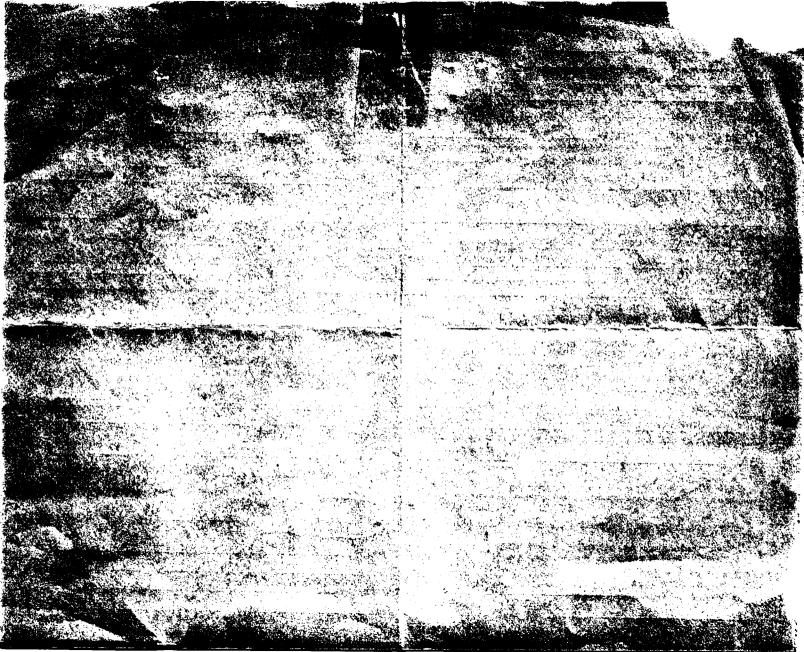
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EXAMPLE I EXAMPLE II The PRINCIPAL CAUSE OF DEATH and related The PRINCIPAL CAUSE OF DEATH and related Date of onset Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other CONTRIBUTORY CAUSES of importance: Other CONTRIBUTORY CAUSES of importance: Gallstones May 1, 1923 Gastroenteritis 1 year ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

The same of the sa STATE OF IDABO ACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH City State File No. Registration District No. \_\_\_\_ 1004 Local Registrar's No. Prim. Registration District No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD STEAMAN 8. Date of -7. Legiti-hirth. 8. Sex mate? Ull births Full term...X (Month. Day, Year) 5. Number, in order of birth..... PERMANTENT RECORD. MOTHER 18. Full FATHER 9. Full maiden name name 19 Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) 12 (If non-resident, give place and State) 20. Color or race 1/21. Age at last birthday 43 (years) 11. Color or race 22. | 12. Age at last birthday 46. (years) 18. Birthplace (city or place). L. (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home. work was done, as silk mill, lawyer's office, silk mill, etc. ..... sawmill, bank, etc. Date (month and year) last engaged in this wor 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work <u>8</u> in this work..... 19..... in this work..... WITH UNFADING IN. Separate Return must 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother Before labor.....X 30. Cause of stillbirth Tall months 29. If stillborn. period of gestation 9 mont During labor or weeks CERTIFICATE OF ATTENDING PAYSICIAN OR, MIDWIFE at 8 P. m. on the date above stated. I hereby certify that I attended the birth of this child, who was (Stills...) (Born Alive or Stillborn) (Signed) M. Calleway, M. D. When there was no attending physician or midwife, then the father, hoseholder, etc., should make this return. Give name added from Address ..... a supplemental report..... (Date of) Registrar. Registrar.



PLACE OF DEATH County of Ada	STATE OF ID. DEPARTMENT OF PUBI BURBAU OF VITAL	LIC WELFARE STATESTICS	DO NOT WRITE IN T	
City of Boise	CERTIFICATE O	F DEATH	State File No.	, • •
	Registration District No	<u> </u>		201
	Primary Registration Distric		Local Registrar's No	200
(If death occurred	(No. St. Lukes in a hospital or institution, gi	Hospital	of street and number)	1
2. FULL NAME Baby	Stearns		,	206
(a) Residence. No. (Usual place of abode)	Route 1	•	.st. Boise	2
Length of residence in city or town	where death occurred. yrs.	(If nonre mos. ds. How long	sident give city or town an in U.S., if of foreign birth?	vrs. mos. ds.
PERSONAL AND STATIS		MEDIC	AL CERTIFICATE OF DEA	тн
	e 5. Single, Married, Widow- ed or Divorced (write the word)	21. DATE OF DE	ATH (month, day and year)	12-17 - 1935
5a. If married, widowed, or div HUSBAND of (or) WIFE of	pringre	li -	ERTIFY, That I attended ., 193.5., to! 2.7.!.7.	
6. DATE OF BIRTH (month, de	y, and year)	it .	live on	
7. AGE Years Months	Days If LESS than 1 day, hrs.	The principal cau	on the date stated above, a use of death and related carfollows:	
S. Trade, profession, or particle kind of work done, as as says sawyer, bookkeeper, etc	dnner, 	Stillbar	n'	
9. Industry or business in w work was done, as silk m saw mill. bank, etc	M,		Caused by face	
ed at this occupation (mo. and yr.)	spent in this occupation	Other contribut	bry causes of importance:	
12. BIRTHPLACE (city or tow (State or country)	Boise, Idaho			
13. NAME Howard S	tearns	Name of operation		Date of
14. BIRTHPLACE (city or to (State or country)	own)	1	ed diagnosis? Was there	
2	sie M. Pond	the following:	due to exter'l causes (violen or homicide? Date o	
5 16. BIRTHPLACE (city or t (State or country)	own) <b>S. Dak.</b>	Where did injur	y occur? pecify city or town, county,	
17. INFORMANT Howard (Address)	Stearns, Boise	Specify whether i	injury occurred in industry,	in home, or in
18. BURIAL, CREMATION OR Norris Hill	Date, 193	Nature of injury	у	
19. UNDERTAKER	Bratney, Boise	of deceased?	or injury in any way related.  If so, specify	
20. FILED. 1.00 1.71935	Registrar.	(Address)		deho.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees." "worker," "operative," etc. Find out the particular kind of work done and return that as sninner, weaver, etc.

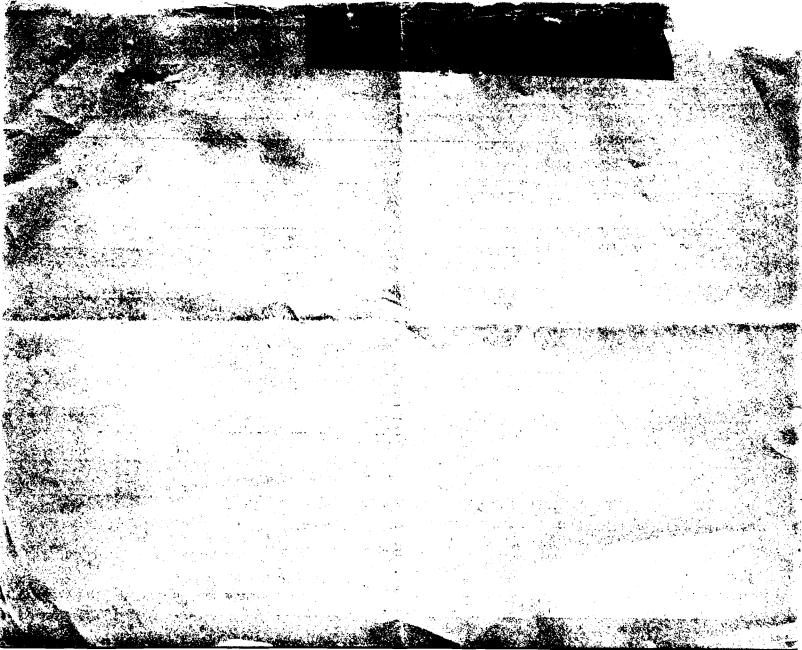
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

DAHO: IDAHO DEPARTMENT OF PUBLIC WELFARE Coliner of .... BUREAU OF VITAL STATISTICS City of. CERTIFICATE OF BIRTH State File No. .... Registration District No. ..... In case of order of Prim. Registration District No. 1004 Local Registrar's No. 1 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD.... If plural [4. Twin, triplet, or other.... . 6. Premature... 7. Legitibirth... births Full term web mate? 40 15. Number, in order of birth (Month, Day, Year) MOTHER [18. Full 9. Full FATHER maiden name 19. Residence (usual place of abode) 1505 parrison, BC. 10. Residence (usual place of abode) (If non-resident, give place and State) 11. Color or race wheek | 12. Age at last birthday 3 .... (years) 22. Birthplace (city or place)...... 13. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. ..... sawyer, bookkeeper, etc. 24. Industry or business in which 15. Industry or business in which work was done, as own home, IG INK-THIS must be made work was done, as silk mill, lawver's office, silk mill, etc. 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work..... in this work..... WITH UNFADING Separate Return m 27. What prophylactic was used to prevent Ophthalmia Neonatorum? ..... (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead. (c) Stillborn . 1 Strangulation, (Before labor Candan months 30. Cause of Stillbirth Cheach 29. If stillborn. period of gestation 9 mil. or weeks with confirmed make During labor. CERTIFICATE OF ATTENDING PHYSICIAN OR MEDWIFE I hereby certify that I attended the birth of this child, who was bound dead at J. DA. m. on the date above stated. (Born Alive or Stillborn) When there was no attending physician (Signed) or midwife, then the father, householder, etc., should make this return. Give name added from a supplemental report..... (Date of) Registrar.



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,	STATE OF 1D			
PLACE OF DEATH	BUREAU OF VITAL	STATISTICS	DO NOT WRITE IN 3597	
City of Boise	CERTIFICATE C	OF DEATH	State File No	
DEC TO MAKE SOME	Registration District No Primary Registration Distric St. Lukes	t No. 1004 Tospital	Local Registrar's No	359
(If death focus	i hs , it i or institution, gi	ve its name instead	of street and number)	20%
(a) Residence, No	JEOS Manniago Dire	i.		
(Usual place of abode		(If nonre	sident give city or town a	
PERSONAL AND STATI	STICAL PARTICULARS	MEDICA	AL CERTIFICATE OF DE	ATH
3. SEX 4. Color or R	ace 5. Single. Married, Widow- ed or Divorced (write the word)		ATH (month, day and yea	r) 11-22-193
5a. If married, widowed, or d		III	ERTIFY, That I attended	
HUSBAND of (or) WIFE of		H .	., 193, to	ŕ
6. DATE OF BIRTH (month, 11-22-1935	day, and year)	1	on the date stated above,	
7. AGE Years Month			se of death and related of	Date of onset
	1 day, hrs	1-1-0	O Ran	Date of onset
8. Trade, profession, or par kind of work done, as sawyer, bookkeeper, etc	spinner,			<b>\</b>
sawyer, hookkeeper, etc 9. Industry or business in work was done, as silk saw mill, bank, etc. 10. Data deceased last wor ed at this occupation	which mill,			
10. Data deceased last wor ed at this occupation (mo. and yr.)	on spent in this	Other contribut	bry causes of importance:	fx,
12. BIRTHPLACE (city or to (State or country)	wn)Boise	bale	equech	livie
E 13. NAME Marvin	foung	Name of operation	eck,	Date of
14. BIRTHPLACE (city or (State or country)	town)Gr⊕ece		ed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME	Carie Davis	the following:	due to exter'l causes (violor homicide? Date	
5 16. BIRTHPLACE (city or (State or country)	town)Idaho	Where did injur	y occur?pecify city or town, count	
17. INFORMANT LIES. G	uss Davis	n .	njury occurred in industr	y, in home, or in
18. BURIAL, CREMATION OF	R REMOVAL	16	· · · · · · · · · · · · · · · · · · ·	
Placelorris	. Hill. Date 11-25-, 1935	Nature of injury		ad to paginetion
19. UNDERTAKER	chratney, Ropse.	of deceased?	or injury in any way relat	
20. FILED. 11:25 193.5	Registar.	(Signed) (Address)	you	, M. D.
	Coates			

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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHYSICIAN	

PLACE OF METH Ada. DEPARTMENT OF PUBLIC WE County of In case of more far in order of birth sta BURNAU OF VITAL STATISTED City of Roise Idaho. CERTIFICATE OF BIRTH The Calvation Army Home. Registration District No. ... (If born in hospital or institution give name.) Prim. Registration District No. Local Resistrer Pahr McGee 2. FULL NAME OF CHILD ... N. W. 7. Lexiti-(f plura) 8. Date of 12-17-25 3. Sex hirtha Full term Ve 5 metat Ve S 5. Number, in order of birth..... RECORD. 9. Bull. FATHER 18. Full MOTHER name maiden Alzena Grossman LaVerne McGee 10. Residence (usual place of about) 19. Residence (usual place of abode) PERMANENT (If non-resident, give place and State)..... (If non-resident, give place and State)..... 11. Color or race. 12. 12. Age at last birthday 2 (years) 20. Color or race 21 | 21, Age at last birthday 3 2 (years) 13. Birthplace (city or place) ldaho. 22. Birthplace (city or place) MO (State or country) (State or country) 14. Trade, profession, or particular .33. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper. typist, nurse, clerk, etc. . sawyer, bookkeeper, etc 15. Industry or business in which 24. Industry or business in which work was done, as silk mill, mayi driver asawmill, bank, etc. work was done, as own home, Housewife lawyer's office, silk mill, etc. Housewife 16. Date (month and year) last engaged in this work 17. Total time (years) spent 25. Date (month and year) last engaged in this work 26. Total time (years) spent must be 27. What prophylactic was used to prevent Ophthalmia Neonatorum? in this work..... WITH UNFADENG Separate Betara 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and new living (b) Born alive but new dead (c) Stillborn Before labor..... period of gestational have or weeks 30. Cause of stillbirth 29. If stillborn. During labor CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE mon the date above stated. I hereby certify that I attended the birth of this child, who was. WRITE PLAINLY One child at birth When there was no attending physician ! or midwife, then the father, householder, etc., should make this return. Give name added from Address ....

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- 10.—The month and year the deceased last worked at the occupation.
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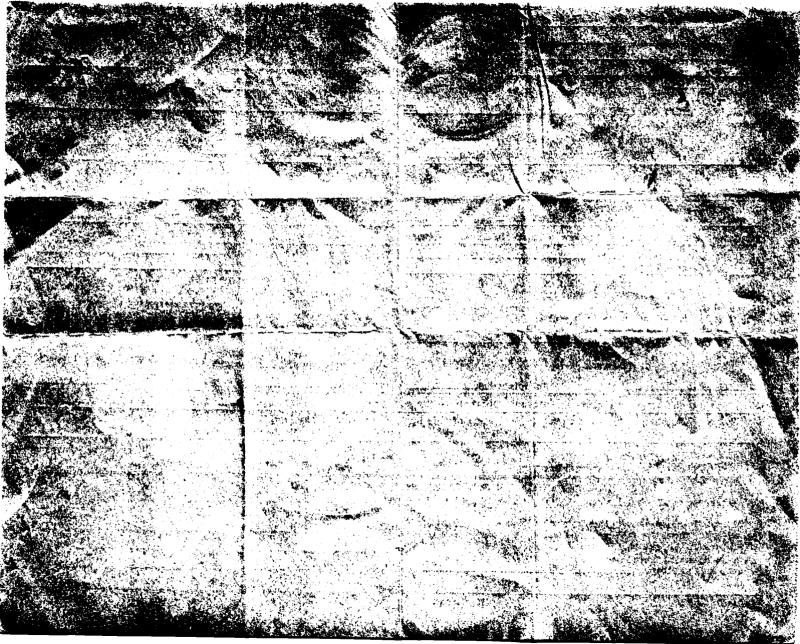
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Other CONTRIBUTORY CAUSES of importance:	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTI	HER STATEMENTS BY PHYSICIAN	
	••••••		
	•••••••••••••••••••••••••••••••••••••••		************



STATE OF IDAHO DO NOT WRITE IN THIS SPACE ENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS 96503 County ERTIFICATE State File No..... Registration District No .... Primary Reg RECORD name instead of street and number) 2. FULL NAME Residence. No..... (Usual place of abode) nonesident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) ed or Divorced (write the word) CERTIFY, That I attended deceased from If married, widowed, or divorced HUSBAND of (or) WIFE of 198 ...: death is said 6. DATE OF EIRTH (noth, day to have occurred on the date stated above, at ... ....m. The principal cause of death and related causes of impor-AGE Months f LESS than tance were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc ... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc.... 10. Date deceased last work- 11. Total time (years) spent in this ed at this occupation (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town (State or country) 13. NAME .. Date of ...... Name of operation 14. BIRTHPLACE (city or to What test confirmed diagnosis?.... Was there an autopsy?? (State or country) If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city Where did injury occur?..... (State or country) (Specify city or town, county, and state) ATIO Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. 18. BURIAL, Manner of injury..... Nature of injury ... 21. Was disease or injury in any 19. UNDERTAKER (Address of deceased? (Signed) (Address Registrar.

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			-
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

STATE OF IDAHO of more than birth stated. DEPARTMENT OF PUBLIC WELFARE JAN 15 1936 RECEIVE REPRESENT OF VITAL STATISTICS County of ... 238697 State File No. Registration District No. ... Prim. Registration District No. 2138 Local Registrar's No. .... (If born in hospital or institution give name.) 2. FULL NAME OF CHILD... 8. Date of birth If plural [4, Twin, triplet, or other..... 6. Premature.. 3. Sex moo gettal 5. Number, in order of birth...... births mate? (Month, Day, Year) PERMANENT RECORD. MOTHER FATHER lls. Full ď 9. Full maiden name name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)... (II non-resident, give place and State) 20. Color or race...... | 21. Age at last birthday. 11. Color or race 12. Age at last birthday (7.30) years 22. Birthplace (city or place)... Jacky Citi 13. Birthplace (city or place)..... (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, typist, nurse, clerk, etc. sawyer, bookkeeper, etc. ..... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill. lawyer's office, silk mill, etc. U 25. Date (month and year) sawmill, bank, etc. .... 16. Date (month and year) 26. Total time (years) spent 17. Total time/(years) spent last engaged in this work last engaged in this work in this work. in this work Nov. 19.... 27. What prophylactic was used to prevent Ophthalma Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. (b) Born alive but now dead (c) Stillborn ..... Before labor. 30. Cause of Stillbirth months WITH UN Separate 29. If stillborn, period of gestation ..... or weeks During labor..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at..... m. on the date above stated. I hereby certify that I attended the birth of this child, who was.... (Born Alive or Alive AINLY t birth a When there was no attending physician (Signed) ..... or midwife, then the father, householder, etc., should make this return. Give name added from WRITE one child Address a supplemental report (Date of) Filed Registrar. Registrar.

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Registration District ...State File No. .... (If born in hospital or institu-Prim. Registration District No. 10 11 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD ...... N. B.-4. Twin, triplet, or other .................................. 6. Premature Legiti-8. Date of [f plural 3. Sex births birth 5. Number, in order of birth..... mete?4 Full termina Month, Day, To RECORD. 18. Fp11 MOTHER 9. Full number maiden name name Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) PERMANENT each, and the 20. Color or race 20 21. Age at last birthday (years 11. Color or racdurate 12. Age at last birthday (years) 13. Birthplace (city or place) (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, ) kind of work done, as spinners OCCUPATION typist, nurse, clerk, etc. sawyer, bookkeeper, etc ..... 24. Industry or business in which 15. Industry or business in which be made work was done, as silk mill, work was done, as own home. lawyer's office, silk mill, etc. sawmill, bank, etc..... 25. Date (month and year) 26. Total time (years) spent 16. Date (month and year) last engaged in this work 17. Total time (years) spent last engaged in this work must LINK \_\_\_\_\_ 19 \_\_\_ in this work in this work 27. What prophylactic was used to prevent Ophthalmia Neonatorum? UNIFADING Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2. (b) Born alive but now dead... (c) Stillborn. L.... Before labor. period of gestation...... or weeks 30. Cause of stillbirth..... Separate 29. If stillborn, During labor ..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE tellton at 5:00 m. on the date above stated. I hereby certify that I attended the birth of this child, who was Chorn-Alive on birth When there was no attending physician ! (Signed) ..... or midwife, then the father, householder, etc. should make this return. Midwife Give name added from a supplemental report..... Address ...... chil Filed..... Registrar.

was to the second of the first manufacture. この株長組織性 (数・2) 川 され コードル しょむ The second of th and the state of the property of a transfer of a state of the contract of a security of for mality is to be a consistency of the probability of the section of the contract of the con The second of th hames the moderate to the control of the experience of the following participating the section of the enterior and the contraction of the second of the second of and the same of the contract o The state of the s There's apprehistration of the example of the state ्राच्या १८०० च्या १८ १९४८ च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १९४८ च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या १८०० च्या Committee of the second of the er beginner i den gring blikke til flatte skrifter i grenge and the second of the transfer of the second العهوة فوالدارا فالراء المعاد الجزأة اليام المتعوري المامان 1. The state of th 医三进制 国际 网络人 植红色病 人名意西尔 - **、3 部の間** (1944 - 39g - 99gのた つかん - 1 A CAN THE CONTRACTOR OF THE STATE OF THE STA and the second of the second of the second of the second of ं है। अंशेष्ट्री अंशिक्षा tyr (2 dag o construint a const . The angle of the state of the The second of the second of the second The all winners of a manifest to a control of the control of the control of the the second results of the season of the second of the seco தே ஆடையின் நெழு இது சென்ற சென்ற குடிய குடிய நாக்கு குடிய நாக்கு இரு 19 44 (1984) - N. 194

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PLACE OF D DO NOT WRITE IN THIS SPACE County of .. ERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. 10 11 (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.... Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. Color or Race | 5. Single, Married, Widow. ed or Divorced (write the 21. DATE OF DEATH (month, day and year 193 word) HEREEK CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BARTA (month, day, and year) I last saw h....alive on .................. 193...: death is said to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-Days If LESS than tance were as follows: Date of onset 1 day.... hrs. or .... min. 8. Trade, profession, or particular PATION kind of work done, as spinner. sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill, suw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation .. 12. BIRTHPLACE (city or town) (State or country) MOTHER FATHER 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (ity or town).... What test confirmed diagnosis?.... Was there an autopsy?... (State or country) 22. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. QF. 16. BIRTHPLACE (city or town) .. Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT CLAYTOR Specify whether injury occurred in industry, in home, or in nation CAUSI (Address) public place. ...... 18. BURIAL, C市场和大小大小人的动 未起程分为AL Manner of injury..... Ida... Date 12 Place ... MCSGCW... Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) .^sc^w/ 20. FILED 12/12 Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

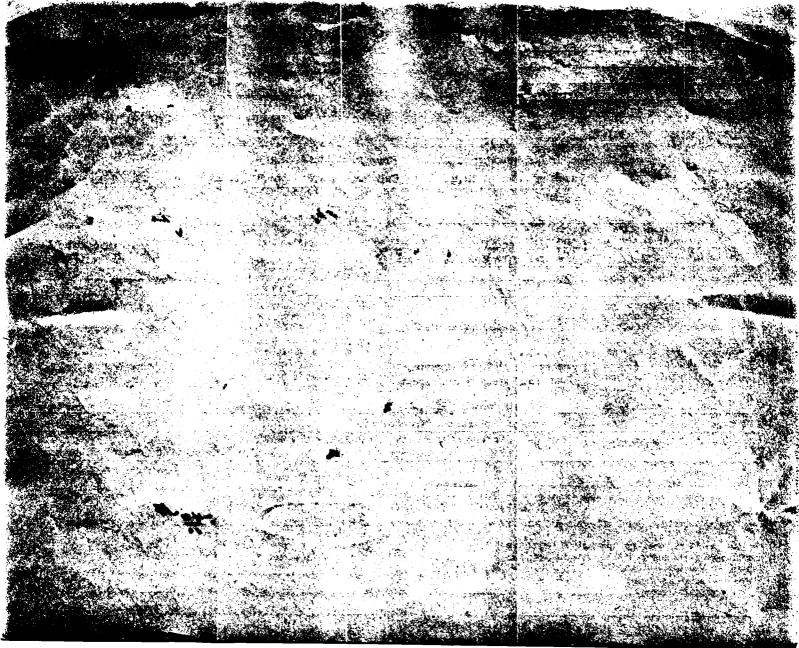
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onne	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

City of Alexander	1936 RECEIVED OF IDAHO  CERTIFICATE OF BIRTH  Stration District No
76	Registration District No. Local Registrar's No.
3. Sex    If plural   4. Twin, triplet, or other   5. Number, in order of birth   5. Number, in order of birth   6. Number,	19. Residence (usual place of abode) (If non-resident, give place and State  20. Color or race
last engaged in this work  19. In this work  27. What prophylactic was used to prevent Ophthalmi  E 28. Number of children of this mother (At time of the content of the co	in this work
CERTIFICATE OF ATT  I hereby certify that I attended the birth of this child,  When there was no attending physician	Before labor
or midwife, then the father, hoseholder, etc., should make this return.  Give name added from a supplemental report.  (Date of)	or Midwife  Address Flied 1-9-1935 Q Bally



B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATHS 1936 PROPERTY POR	THO  C WELFARE DO NOT WRITE IN T	HIS SPACE
CERTIFICATE O	F DEATH   State File No966	<b>8</b> 3
City of	16-77	
		4-9
Primary Registration Distric	t No Local Registrar's No	
(If death occurred in a hospital or institution, gi	ye its name instead of street and number)	200
(a) Residence. No. Shiphone (Usual place of abode)	st.	7 - 4 - 4 - 3
Length of residence in city or town where death occurred. yrs.	(If nonresident give city or town an mos. ds. How long in U. S., if of foreign birth?	yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	тн
3. SEX 4. Color or Race 5. Single, Married, Widow. ed or Divorced (write the	21. DATE OF DEATH (mg day and pear)	2/ 1935
Semely white (word)	22. I_HEREBY CERTIFY, That Lattended	
HUSBAND of Care Williams	Della 2/1985., to Della	
(or) WIFE of anna 7. al Gladantel	<u>-</u>	•
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193 to have occurred on the date stated above, a	
7. AGE Years Months Days If LESS than	The principal cause of death and related ca	
	tance were as follows:	Date of paset
8. Trade, profession, or particular	Mulloom	1.21.24/2
Fill		
5   9. Industry or business in which		
work was done, as silk mill,		
10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this (mo. and yr.)	Other contributory causes of importance:	
12. BIRTHPLACE (city or town). Physhpsin	······································	
(State or country)		
E 13. NAME		
12. NAME 14. BIRTHPLACE (city or town)	Name of operation I	
(State or country)	What test confirmed diagnosis? Was there	an autopsy?
15. MAIDEN NAME anna Juel	23. If death was due to exter'l causes (violen the following: Accident, suicide, or homicide? Date of	
16. BIRTHPLACE (city or town)	Where did injury occur?	and state)
17. INFORMANT	Specify whether injury occurred in industry,	
(Address)  18. BURIAL, CREMATION OR REMOVAL.	public place	
	Manner of injury	
Place	Nature of injury	
19. UNDERTAKER O. O. O. O. O. O. O. O. O. O. O. O. O.	of deceased? If so specify	· io occupation
20. FILED. 12/21 1935 SOL Jaker	(Signed) E. O. Javra	M. D.
Registrar.	(Address) Auslian	- La

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

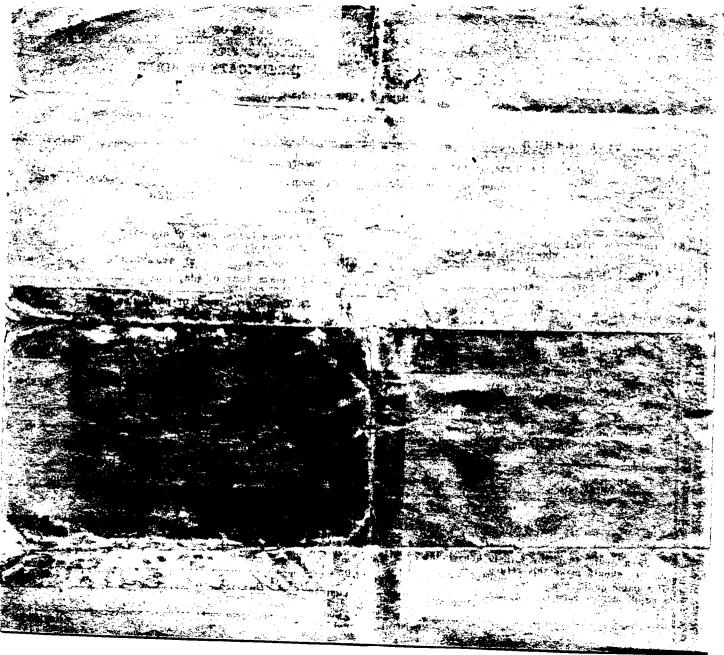
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	EXAMPLE II		
Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other CONTRIBUTORY CAUSES of importance:		
May 1, 1923	Gastroenteritis	1 year	
FOR FURTH	HER STATEMENTS BY PHYSICIAN		
	1915 1921 July 5, 1927 May 1, 1923	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other CONTRIBUTORY CAUSES of importance:	

12-784-109-073 555 OHADE OF IDAHO 1936 RACE DEPARTMENT OF PUBLIC WELFARE County o CERTIFICATE OF BIRTH Registration District No. ... Prim. Registration District No. 2178 Local Registrar's No.25 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD 7. Logiti-8. Date of 7 K. Premature. 4. Twin, triplet, or other..... ff plural birth ..... mathe births 5. Number, in order of birth..... Full term. RECORD. MOTHER 18. Full FATHER 9. Full maiden Lella N. News name 19. Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident give place and Se (If non-resident, give place and State) 20. Colordo Modell | 21. Age at last birthday 3.9 12. Age at last birthda . 3. (years 22. Birthplace (city or place). 18. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, of particular kind 14. Trade, profession, or particular of work done, as housekeeper. kind of work done, as spinner, typist, nurse, clerk, with sawyer, bookkeeper, etc ..... OCCUPATION 24. Industry or business in which 15. Industry or business in which work was done, as own home. made work was done, as silk mill, lawyer's office, silk mill, etc. sawmill. bank. etc..... 25. Date (month and year) 26, Total time (years) spent last engaged in this week. 16. Date (month and year) last engaged in this work 17, Total time (years) spent 2 in this work..... in this work..... 27. What prophylactic was used to prevent Ophthalegia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) PADING Return 1 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn .... Before labor..... or weeks 80. Cause of stillbirth. During labor..... 29. If stillborn. period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OB MEDWIFE WITH Sepan I hereby certify that I attended the birth of this child, who was When there was no attending physician ! (Signed) or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Registrar.



FORM V. SAU DELLA 1935 PECE VERIDICATE OF DEATH STATE OF IDAHO CTLY, PHYSICIANS should tement of OCCUPATION is DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS Registration District No. 100 County of Madison State File No. \$24664 Primary Registration District No. City of MI Mburg Local Registrar's No. 4 If death occurs Jay from If death occurred in a hospital, institution or camp, usual residence. Five facts give its NAME instead of called for under special instreet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-16, DATE OF DEATH OWED OB DIVORCED (Write the word) (Day) (Year) 6. DATE OF BIRTH I/HEREBY CERTIFY, That I attended deceased from 17. 1935. to 7-9-(Month) (Year) (Dav) that I last saw h.M. 7. AGE IF LESS than 1 day how many .....hrs. or The CAUSE OF DEATH\* was as follows: Yrs Mos ds min.? 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Secondary 9. BIRTHPLACE (State or Country) 10. NAME OF Father 11. BIRTHPLACE \*State the Disease Causing Death; or in death from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental. (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, ~ OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE At place In the of death.....yrs.....mos......days. State.....yrs.....mos......ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death? .—Every item CAUSE OF 1 important. S Former or (Informant) ... usual residence DATE OF BURIAL 19. PLACE OF BURIAL OR REMOVAL 115. 20. UNDERTAKER // ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

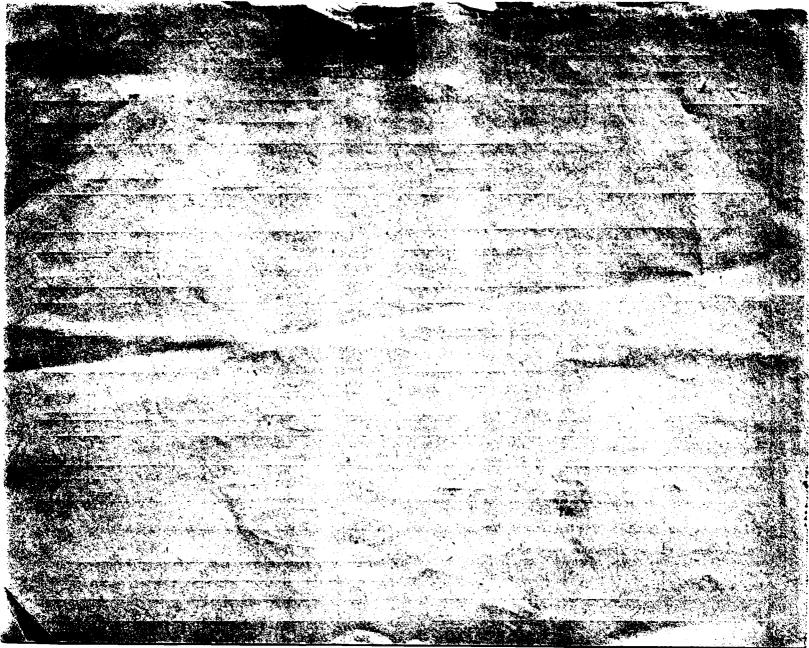
STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer, etc., without more precise specifications, as Day laborer. Farm laborer. Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident: Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

845- 202-137-175 County of Bullian JAN 11 1936 KE PLACE OF BIRTH TATE OF IDAHO OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH Registration District No. \_\_\_\_\_State File No. \_\_\_\_ Prim. Registration District No. 2/28 Local Registrar's No. 268 (If born in hospital or institution give name.) 2. FULL NAME OF CHILD..... 8. Date of If plural (4. Twin, triplet or other 8. Premature..... 7. Legiti-8. Sex birth 2 2 198 births 5. Number, in order of birth..... Full term. mate? . (Month, Day, Year) 9. Full **FATHER** MOTHER 18. Full name 6 maiden my Mathaniel Lenekt name 10. Residence (usual place of abode) 19. Residence (usual place of abode) (If non-resident, give place and State)..... (If non-resident, give place and State). 11. Color or race.... 12. Age at last birthday (years) 20. Color or race 21. Age et last birthday (years) 13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country) (State or Country) 14. Trade, profession, or particular 23. Trade, profession, or particular kind kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which sawyer, bookkeeper, etc. CUPATION 24. Industry or business in which work was done, as silk mill. work was done, as own home. sawmill, bank, etc. lawyer's office, silk mill, etc. 16. Date (month and year) 25. Date (month and year) 17. Total time (years) spent last engaged in this work 26. Total time (years) spent last engaged in this work now in this work..... in this work..... UNIFADING 27. What prophylactic was used to prevent Ophthalmia Neonatorum? 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2... (b) Born alive but now dead....... (c) Stillborn / 30. Cause of Stillbirth Before labor 29. If stillborn, months During labor period of gestation..... CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was \_\_\_\_\_\_\_at 3:/Som. on the date above stated. (Bern Alive or Stillborn) When there was no attending physician, or midwife, then the father, hoseholder, etc., should make this return. Give name added from a supplemental report..... chil (Date of) Filed /- 8 - 1986 7M Registrar. Registran



N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction on back of certificate.

PLACE OF DEATHROUGH ARE OF ID	LIC WELFARE DO NOT WRITE IN THIS SPACE
County of Madeson BUREAU OF VITAL CITY of Reching CERTIFICATE C	OF DEATH   State File No. 95782
Registration District No	100
V Primary Registration Distric	ot No. 2/78 Local Registrar's No. Co.
(If death occurred in a hospital of institution of a possible of institution of a possible of institution of a possible of a possible of a possible of a possible of residence in city or town where death occurred. yrs.	ite its name instead of street and number)  Letter  St.  (If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign blath? yrs. mos. ds
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color or Race 5. Single, Married, Widowed or Divorced (write the	
50 If married widowed without Infant	22 HEREBY CERTIFY, That I attended deceased from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	193.5., to
6. DATE OF BIRTH (month, day, and year)	I last saw halive on, 193; death is sai
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 2 m. The principal cause of death and related causes of important
Months Days If LESS than 1 day, hrs.	1
8. Trade, profession, or particular	for how a series of
kind of work done, as spinner.	the del del
9. Industry or business in which	The Carpany
work was done as silk mill, saw mill, bank, etc	
10. Date deceased last work- ed at this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town) Restheren	Istanaverse la
(State or country)	should pleasaled
13. NAME Glew Hills by less	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gladys Spence	23. If death was due to exter'l causes (violence) fill in all the following:
16. BIRTHPLACE (city or town). Riverton.	Accident, suicide, or homicide? Date of injury, 19:
(State or country)	Where did injury occur?
17. INFORMANT Mus.: G. gl. Spencels.	Specify whether injury occurred in industry, in home, or
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place. Reshung Date Nov. 4, 1935	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased? If appendix
20. FILED. // - 7 - , 1935. MW J. 6 Joung	(Signed) , M. I
/ registrar/	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

DVAMDIBI

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

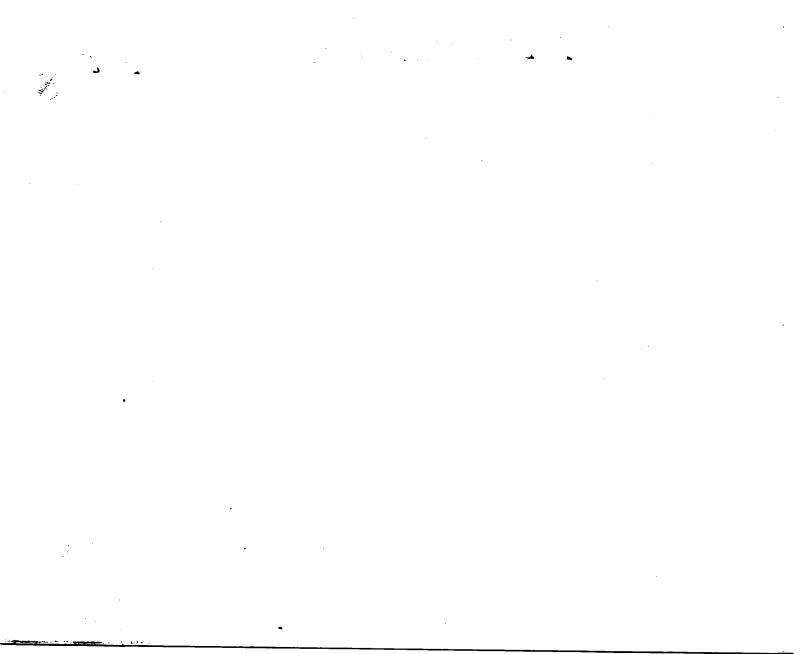
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II		
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onnet	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year	
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN		

	1 4 b 16.035-514  STATE OF IDAHO
11	County of Mes Terre 17 1936 RECT DEPARTMENT OF PUBLIC WELFARE
2 4	
a e	GERTIFICATE OF BIRTH
83	No. Ah. Jasebha Hashial Registration District No. 100 State File No.
2 28	(If born in hospital or institution give, name.) Prim. Registration District No Local Registrar's No
H.P.	2 FULL NAME OF CHILD Baly Dawson
N d	3. Sex If plural \( \) 4. Twin, triplet, or other 6. Premature 7. Legitibirth \( \) 1/1 - 2/2, 193. 5
D. 1	Temale births 5. Number, in order of birth Full term mate?
RECORD	9. Full FATHER 18. Full maiden maiden name Wolf (MUAN)
	10. Residence (usual place of abode) (If non-resident, give place and States Lewis Town)  19. Residence (usual place of abode) (If non-resident, give place and States Lewis Town)
NEC the	11. Color or race W.   12. Age at last birthday 23 (years) 20. Color or race 21. Age at last birthday 39 (years)
PERMANENT ch, and the nu	18. Birthplace (city or place) 22. Birthplace (city or place) (State or Country)
A PE	14. Trade, profession, or particular kind of work done, as spinner with sawyer, bookkeeper, etc. 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
ade for	15. Industry or business in which work was done, as silk mill, work was done, as silk mill,
A S	16. Date (month and year) last engaged in this work  17. Total time (years) spent    25. Date (month and year)   26. Total time (years) spent
INK ust b	in this work in the work in t
N E	27. What prophylactic was used to prevent Ophthalmia Neonatorum?
ADING sturn m	28. Number of children of this mother  (At time of this birth and including this child)  (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn
<b>E</b> &	29. If stillborn,         months     30. Cause of Stillbirth   Before labor
H to	period of gestation ( or weeks ) During labor.
x WITH UNFA a Separate Ret	CERTIFICATE OF ATTENDING HYSICIAN OR REDWIFE  I hereby certify that I attended the birth of this child, who was (Born Alive or Schnoorn)  (Born Alive or Schnoorn)
PLAINL	When there was no attending physician or midwife, then the father, householder, etc., (Signed)
at a	should make this return.  Give name added from
HITE Se child	(Date of) Filed Open 1, 193 6 M TUP
× a	Rogistrar.



Dr E.G.Braddock	RECORD. Every item of	PHYSICIANS should state	xact statement of OCCUPA-	Pethody.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of	information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instruction on back of certificate.

DI ACIDI OT	7 TARRAMEN		STATE OF IDA	HO		
PLACE OF	Perce	DEPART	MENT OF PUBL	IC WELFARE	DO NOT WRITE IN T	HIS SPACE
Journal of			AU OF VITAL 8		90	020U
Lewist	on	CERT	IFICATE O	F DEATH	State File No	***************************************
C 11 1935	RECEIV	Regi	District No	009 0096 pital	Local Registar's No	
E. FULL NAME.	nfant Jau.	d in a hospita ghter i	al or institution, g r <u>a krs Fr</u>	ive its name instead ank M. Daws	of street and number)	206
(Usual ength of residence	place of abode) e in city or town	where death	occurred. yrs. m	(If no	onresident give city or town up U.S., if of foreign birth?	and state) yrs. mos. ds.
PERSONA	L AND STATIST	ICAL PARTIC	CULARS	MEDIC	CAL CERTIFICATE OF DRA	ATH
3. SEX 4	. Color or Race	5. Single, 1	Married, Widow-		TH (month, day and year)	11/25/35
Female	hite	word)	rced (write the		ERTIFY, That I attended	
HUSBAND of	idowed, or divorced			Now 35		ــــــــــــــــــــــــــــــــــــــ
6. DATE OF BIR	TH (month, day,	and year)]]	/25/35	\	ve on 193.	
7. AGE Year		Days O	If LESS than 1 day hrs.	The principal cause were as follows:	the date stated above, at e of death and related caus	es of importance
8 Trade prof	ession or narticula	ar	or min.	Dead	Born	Date of Chapt
sawyer, boo 9. Industry or work was of saw mill, h 10. Date dece	rk done, as spinne kkeeper, etc. business in which lone, as slik mili, lank, etc. ased last work- s occupation T.)	11. Total tim spent in t occupation	nis	G mon	the gustained	
(State or		Lewis (				
13. NAME F	rank h. D	awson		Name of operation.	houe	Date of
14. BIRTHPL	ACE (city or town	)		What test confirme	d diagnosis A.M. Was there	an autopsy? Le
14. BIRTHPLACE (city of town) (State or country)  15. MAIDEN NAME (city of town)  15. MAIDEN NAME (city of town)  16. Use of town)  17. ISCONS in		following:	ue to exter'l causes (violence r homicide? Date of	•		
16. BIRTHPLACE (city or town) (State or country) Wisconsin		Where did injury	occur?(Specify city or town, count	######################################		
17. INFORMANT Prank h. Dawson (Address) Lewiston id ho			njury occurred in industry,	*		
18 BURTAT, CERROMATION OR REMOVEMEN		Manner of injury	·	********************		
Place ewiston Ida. Date 1/25/35 193		/ と5/35 <sub>193</sub>	Nature of injury			
19. UNDERTAKER Vassar - Sharghnessy (Address) Lewiston Idaho  20. FILED (19.4), 193.3			deceased?d	injury in any way related If so, specify	, М. D.	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance: Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	
			***************************************
	•••••••	•	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

STATE OF IDAHO Jelan 11 1936 KE C PEPARTMENT OF PUBLIC WELFARE County of 239114 CERTIFICATE OF BIRTH State File No. .... Local Registrar's No. 419 Prim. Registration District No. (If born in hospital or institution give name.) 2. FULL NAME OF CHILD...... 8. Date of Premature ND 7. Legiti-If plural [4. Twin, triplet, or other... birth lee, 32 1985 3. Sex births mate? . (Month, Day, Year) Full term... 5. Number, in order of birth MALE MOTHER [18. Full FATHER-9. Full maiden arch Morna Weech name( name Residence (usual place of abode) 10. Residence (usual place of abode) (If non-resident, give place and State) hour, talls Alaka (If non-resident, give place and State).... 12. Age at last birthday 20. (years) 20. Color or race 21. Age at last birthday 11. Color or race. 13. Birthplace (city or place) Spartanlun q 22. Birthplace (city or place) (State or Country) Jacks (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular of work done, as housekeeper, kind of work done, as spinner, sawyer, bookkeeper, etc. typist, nurse, clerk, etc. .... 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, sawmill, bank, etc. lawyer's office, silk mill, etc. . 25. Date (month and year) 16. Date (month and year) 26. Total time (years) spent 17. Total time (years) spent last engaged in this work last engaged in this work in this work. 2 at present 1935 in this work... 27. What prophylactic was used to prevent Ophthalmia Neonatorum (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living. 2 (b) Born alive but now dead....... (c) Stillborn. Before labor...X. months 29. If stillborn, period of gestation. A Man or weeks Uning labor adrove statio child CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE at 3 m, on the date above stated. I hereby certify that I attended the birth of this child, who was ... (Born Alive or Stilltenen) When there was no attending physician ) or midwife, then the father, hoseholder, etc., should make this return. . Give name added from a supplemental report. (Date of)

• • No. 15

F DEATH

DEPARTMENT OF PULIC WELFARE
BUREAU OF VITAL STATISTICS

OF DEATI PLACE OF DEATH DO NOT WRITE IN THIS SPACE County of Twin Falls CERTIFICATE OF DEATH State File No..... Registration District No.......37 Primary Registration District No.1085 Local Registrar's No..... (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME Baby John B. Robertson Residence. No. 1335-7Th ave. East (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign blath? yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) Dec. 2293 5 ed or Divorced (write the single Male White 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I last saw h...alive on Bon den 193...: death is said 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 3.30.mAM The principal cause of death and related causes of impor-7. AGE Years Months Days If LESS than tance were as follows: ററ 00 ററ 1 day,... hrs. or .... min. Intra - uterial strangulation 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this (mo. and yr.) ..... occupation .. Twin Fall 12. BIRTHPLACE (city or town). (State or country) John B. Robertson 13. NAME Name of operation. Noul...... Date of ..... 14. BIRTHPLACE (city or town).....So:....Carl... What test confirmed diagnosis?.... Was there an autopsy? No (State or country) 23. If death was due to exter'l causes (violence) fill in also Sarah Weech 15. MAIDEN NAME the following: Accident, suicide-... Date of injury... 193. 16. BIRTHPLACE (city or town).. Twin. Falls. Where did injury occur?... See. about... daho. (State or country) (Specify city or town, county, and state) John B. Robertson 17. INFORMANT Specify whether injury occurred in industry, in home, or in Twin Falls. Idaho. (Address) public place. ... Jes about 18. BURIAL, CREMATION OR REMOVAL Place. Twire Falls, Ida Date ec. 23193 Nature of injury........ 24. Was disease or injury in any way related to occupation 19. UNDERTAKER Tdaho (Address) 20. FILED 1.7

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year		
ADDITIONAL SPACE	FOR FURTH	IER STATEMENTS BY PHYSICIAN			
			***************************************		

of more than birth stated.	City	or Jum Falls.	CERTIFICATE OF BIRTH
case of er of bir	No. (If	born in hospital or institution give name.)  Prim. Registration	District No. State File File No. State File No. State File File File File File File File Fil
ord	2.	FULL NAME OF CHILD Bule 46	finan- Sullow
D. N. B. each, in	3. S	ex M If plural 4. Twin, triplet, or other	Full term Yes mate? Yes (Month, Day, Year)
VT RECORD. number of ea	1	Full FATHER hame Christian N. Hoffman.	18. Full MOTHER maiden Edua Viola Smith-
NENT the num		Residence (usual place of abode) (If non-resident, give place and State).	19. Residence (usual place of abode) (If non-resident, give place and State)
15 E	11.	Color or race   12. Age at last birthday Seyears	20. Color or race   21. Age at last birthday (years)
PERMA ch, and	13.	Birthplace (city or place) penhagen Country)	22. Birthplace (city or place). Topus Wo,
₽ B	1	14. Trade, profession, or particular 🗘 🦞	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
de for	- C.I.	15. Industry or business in which	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
K—TF be ma	DOC	sawmill, bank, etc	last engaged in this work 26: Total time (years) spent
		in this work	in this work
ជិន្ន	27.	What prophylactic was used to prevent Ophthalmia Neons	atorum? Silver Netrate
ADD	28.	A 1917 - A 1919 A 1919 (A A Alman of this high)	w livingO (b) Born alive but now deadO (c) Stillborn
WITH UNFADING INK—THIS Separate Return must be made	29.	If stillborn, period of gestation £	30. Cause of Stillbirth During labor
		CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who we	(Born Alive or Stillborn)
ITE PLAINLY child at birth a	or	midwire, then the lather, nousenouer, etc.,	Signed) , M. D.
E at	Giv	ve name added from	or, Midwife
	a s	supplemental report	Address 1935 Yellen Address
WR		Rogistrar.	Registrar.

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∦ ቴ፰ቴ	JAN 11 1936 RECEINATE OF ID.	АНО		
Every item of CIANS should statement of	PLACE OF DEATH TAPARTMENT OF PUBLICATION OF VITAL	STATISTICS		
ery i NS Atem	City of Twin Falls CERTIFICATE O			
StA	Registration District No			
RECORD. Every item PHYSICIANS sho ied. Exact statement	Primary Registration District (No. 4234Th	Ave. So		
. FC	2. FULL NAME Baby C. H. Hoffman			
INT RUTLY.	(a) Residence. No. 423-40h Ave, so St.  (Usual place of abode)  Length of residence in city or fown where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
AC CAC icat	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NG SMA EX Perl ertif	3. SEX 4. Color or Race 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) / 2 1935		
ND PEF pro of c	Female White word Single 5a. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceased from		
BI A Bi be ck	(or) WIFE of	I last say he walls and 198 death is said		
S IS	6. DATE OF BIRTH (month, day, and year)  Dec. 22-1935	to have occurred on the date stated above, atm.		
THI ould n or	7. AGE Years Months Days If LESS than O O O 1 day, hrs.	The principal cause of death and related causes of impor- tagge where as follows:		
VEL K	8. Trade, profession, or particular	agegree fecting		
ER INI So th	kind of work done, as spinner, sawyer, bookkeeper, etc	paralle version		
RES NG I	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<b>/</b>		
ADI ADI opliec	10. Date deceased last work- 11. Total time (years) ed at this occupation spent in this occupation	Other contributors causes of importance:		
LARG UNF ly sur plair rtant.	12. BIRTHPLACE (city or town)Twin alls., (State or country) Idaho.	in 3/5 year old fringera		
THH Eftell in in in in in in in in in in in in in	13. NAME C.H. Hoffman	Data of		
WI car ATF	14. BIRTHPLACE (city or town). Denmark	Name of operation Date of		
LY, d be DE	15. MAIDEN NAME Edna Smith	23. If death was due to exter'l causes (violence) fill in also the following:		
LAINL should E OF I	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 193.  Where did injury occur?		
? PL on sl USE \TIO	17. INFORMANT C.H. Hoffman (Address) Twin Falls, Idaho.	Specify whether injury occurred in industry, in home, or in public place.		
CA CA	18. BURIAL, CREMATION OR REMOVAL.  Place. Filer. Idaho. Date Dec. 231935	Manner of injury		
WRITE Pinformation state CAUS	2 2 2 2 2	Nature of injury in any way related to occupation		
i.i. #0	(Address) Twin Falls Ina	of deceased? If so, specify (Signed) M. D.		
z	20. FILED. 77 1985.	(Address)		

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

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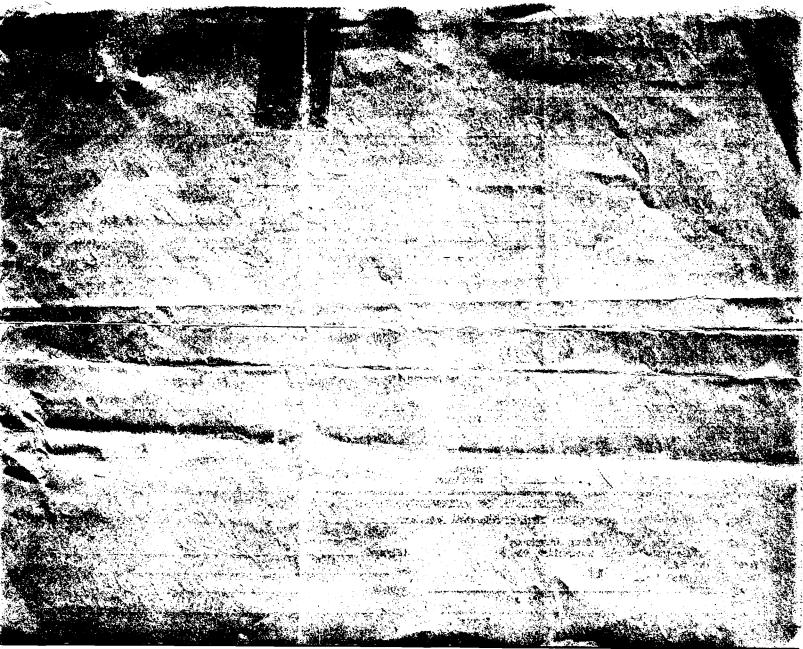
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:		Other CONTRIBUTORY CAUSES of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
ADDITIONAL SPACE		HER STATEMENTS BY PHYSICIAN	

451-213:00-719	
1. PLACE OF BIRTH	STATE OF IDAHO
County of	CONTROL DEPARTMENT OF PUBLIC WELFARE
City of Kranch =	
Nost.	CERTIFICATE OF BIRTH 239246
	egistration District No. State File No.
774 - 144 - 147 - 14 - 14 - 14 - 14 - 14	
(If born in hospital or institution give name.) Pr	rim. Registration District No. 220 Local Registrar's No.
2. FULL NAME OF CHILD. Safe	Weatherby
	If Date of
3. Sex   If plural \( \) 4. Twin, triplet, or other	8. Premature 7. Legiti-
births \ 5. Number, in order of birth	h Full term mate? (Month, Day, Year)
	18. Full MOTHER maiden
cruel Weatherby	name Waneta Parsons
10. Residence (usual place of abode)	19. Residence (usual place of abode)
(If non-resident, give place and State)	(If non-resident, give place and State)
11. Color or race   12. Age at last birthday.	22 (years) 20. Color or race 21. Age at last birthday (years
13. Birthplace (city or place)	22. Birthplace (city or place)
(State or Country)	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner,	of work done, as housekeeper.
sawyer, bookkeeper, etc.	typist, nurse, clerk, etc.
[ 15. Industry or business in which	24. Industry or business in which
work was done, as silk mill, sawy (c.	· (/    <  work was done, as own home, ///
Dista Data (manth and anna)	lawyer's office, silk mill, etc.
last engaged in this work 17. Total time (yes	ears) spent
	10 17
1 ng in this work	
27. What prophylactic was used to prevent Ophthal	lmia Neonatorum?
	of this birth and including this child)
(a) Born a	alive and now living (b) Born alive but now dead
29. If stillborn. (mor	onths   Before labor
	weeks 30. Cause of still firth During labor
CERTIFICATE OF A	ATTENDING PHYSICIAN OR MINWIFE
I hereby certify that I attended the birth of this ch	
When there was no ottonding abouting a	(Bors Alive or Stillborn)
When there was no attending physician or midwife, then the father, hoseholder, etc.,	(Signed) X E Lewell M.
should make this return.	
Give name added from	orMidwi
a supplemental report	Address Mental Joyles
(Date of)	Filed au. 18 1980 Part Whitehouse
Beri	strar, Begistrar,
	V

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N. B.--WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of

	AHO LIC WELFARE DO NOT WRITE IN THIS SPACE
County of CERTIFICATE O	F DEATH State File No
Registration District No  Primary Registration District (No	Literatural Administration
(If death partired in a hospital or institution, give 2. FULL NAME AND AND AND AND AND AND AND AND AND AND	2
Length of residence in city or town where death occurred. yrs.  PERSONAL AND STATISTICAL PARTICULARS	(If nonresident give city or town and state) mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Color of Rage 5. Single, Married, Widow-ed or Divorced (write the	21. DATE OF DEATH (month, day and year) 13198.
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month day, and year)  7. AGE Years Months Days If LESS than	I last saw hallve of
O O o i-day, hrs. or min.	tance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as spinner, snwyer, bookkeeper, etc.  9. Industry or business in which work was done, as silk mill, snw mill, bank, etc.  10. Date deceased last work deat this occupation (mo. and yr.)  11. Total time (years) spent in this occupation (mo. and yr.)	Other contributory causes of importance:
12. BIRTHPLACE (city or town)	
18. NAME Exmel Statherby  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME Aunita Tarani  16. BIRTHPLACE (city or town) handler (State or country)	23. If death was due to exter'l causes (violence) fill in als the following: Accident, suicide, or homicide? Date of injury, 193 Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county, and state)  Specify whether injury occurred in industry, in home, or i  public place.
18. BURIAL, CREMATION OR REMOVAL Place June 20 Class Date 14, 1935	Manner of injury
19. UNDERTAKER ACTION (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 19 Switches Registrar.	(Address) Mendiam Jaa

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, net the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
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			*

468-104.00-494 STATE OF IDAHO PLACE OF BIRTH DEPARTMENT OF PUBLIC WELFARE County of ala BUREAU OF VITAL STATISTICS 1936 KELL CEPTIFICATE OF BIRTH Registration District No. .... Prim. Registration District No. 1004 Local Registrar's No. (If born in hospital or institution give name.) Salux Moultrie FULL NAME OF CHILD 8. Date of 6. Premature..... 7. Legiti-If plural (4. Twin, triplet, or other.... birth /2 births Full term 5. Number, in order of birth. mate? (Month, Day, Year) MOTHER 18. Full FATHER 9. Full maiden name / name /ca 19. Residence (usual place of abode) 407 (If non-resident, give place and State) 10. Residence (usual place of abode) 487 80 10th (If non-resident, give place and State) 20. Color or race 21. Age at last birthday (years) 11. Color or race | 12. Age at last birthday 30 (years) 22. Birthplace (city or place)\_\_\_\_\_ (State or Country) (State or Country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinar of work done, as housekeeper typist, nurse, clerk, etc. .... sawyer, bookkeeper, etc. \_\_\_\_\_ 24. Industry or business in which 15. Industry or business in which work was done, as own home, work was done, as silk mill, TCKaleon lawyer's office, silk mill, etc. sawmill, bank, etc. ..... 25. Date (month and year) 16. Date (month and year) 17. Total time (years) spent 26. Total time (years) spent last engaged in this work last engaged in this work in this work in this work // 1940. 27. What prophylactic was used to prevent Ophthalmia Neonatorum? (At time of this birth and including this child) 28. Number of children of this mother (a) Born alive and now living ... (b) Born alive but now dead ... (c) Stillborn ... Before labor..... months 29. If stillborn. 30. Cause of stillbirth During labor..... or weeks period of gestation..... CERTIFICATE OF ATTENDING PHYSIC m. on the date above stated. I hereby certify that I attended the birth of this child, who was When there was no attending physician (Signed) or midwife, then the father, hoseholder, etc., Midwife should make this return. Give name added from Address ..... a supplemental report..... (Date of) Filed Registrar.

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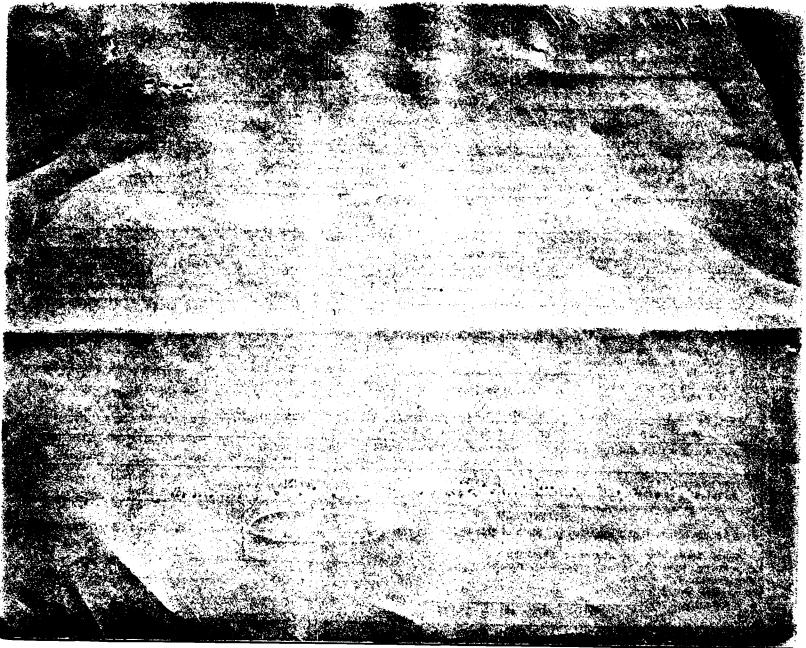
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UNFADING :



<b>₩</b> 0 1	PLACE OF DEATH	STATE OF IDA	HO		
state	PLACE OF DEATH	DEPARTMENT OF PUBL	IC WELFARE	DO NOT WRITE IN 7	THIS SPACE
7 5	County of Uda.	BUREAU OF VITAL ST	TATISTICS	a	CAA
ery item should sta of OCCUP	City of Boing	CERTIFICATE O	F DEATH	State File No	6407
S S	· · ·	Registration District No	2		212
日の日		Primary Registration District N		Local Registrar's No	212
. ⊴ 8		(No. NY. alpho	usons Ar	repetal	1
<b>25</b> 2	(If death occurr	ed in a hospital or institution,	iverits name instead	of street and number)	طهر
	2. FULL NAME	eby Maul	trie		1
RECORD. E PHYSICIANS of statement	(a) Residence. No	407 South 16	<u> </u>	t	
<b>S</b>	(Usual place of abode)		(If no	nresident give city or town	and state)
Z X P	Length of residence in city or town	where death occurred. yrs. m	os. ds. How long in	U. S., if of foreign birth?	yrs. mos. ds.
CTLY Gd. H	PERSONAL AND STATIST		MEDIC	CAL CERTIFICATE OF DE	ATH
5 <b>3 3 9</b>	3. SEX 4. Color or Race	5. Single, Married, Widow- ed or Divorced (write the	21. DATE OF DEAT	TH (month, day and year)	/2-4 193 5
BINDIN A PERI ated EX riy class	5a. If married, widowed, or divorce	word) lugle	22. I HEREBY CI	CRTIFY, That I attended	deceased from
Z	HUSBAND of (or) WIFE of			, 193, to	•
FOR BI IS IS A d be stat b properly certificate	6. DATE OF BIRTH (month, day,	and year)	[ last saw h ali	ve on, 193.	: death is said
OR 15 E		12-7-33	to have occurred on	the date stated above, at	12 10 pm
FO IS I I be pro	7. AGE Years Months	Days If LESS than 1 day hrs.	The principal cause	of death and related caus	ses of importance
of participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the participation of the partic	<u> </u>	or min.	were as follows:	- ( ! ! - !	Date of onset
	8. Trade, profession, or particu	lar	succes	- prolong labor	
RESERV G INK— AGE sh at it may on back	kind of work done, as spinn sawyer, bookkeeper, etc.	<b>CT</b> ,			
SEE INK It III bec	9. Industry or business in which	h	***************************************	***************************************	***
G at a G	work was done, as silk mill, saw mill, bank, etc.				
	kind of work done, as spinn sawyer, bookkeeper, etc  9. Industry or business in whice work was done, as silk mill, saw mill, bank, etc	11. Total time (years) spent in this	Other		
E E E E E	(mo. and yr.)	occupation	Other contribute	ory causes of importance:	
		Boise, I da	***************************************	***************************************	
MAI UNF Iy sup terms, instru	12. BIRTHPLACE (city or town) (State or country)		**************************************	1974 <del>4</del>	-
_ <b>13</b> 5 4	13. NAME ONTINA	Moultrie		*************************	
WITH sarefull plain t		2 1		***************************************	
Zád.	14. BIRTHPLACE (city or town	i)	What test confirme	d diagnosis? Was there	an autopsy?
		lake Middleton	following:	ie to exter'i causes (violence	•
	E 13. MAIDEN NAME	11		homicide? Date of	injury, 193
	15. MAIDEN NAME BU 16. BIRTHPLACE (city or tow (State or country)	n)	·	Specify city or town, count	••
E PI ion si OF D	17. INFORMANT	in Class		jury occurred in industry,	•
He F Lion OF Ver	(Address)				
T E E	18. BURIAL, CHEMATION OR B		,		
—WEITE Information CAUSE OF	Place Doise, Ida	h.b Date.D.C. 5 1935	Nature of injury		
7 # S E	19. UNDERTAKER Schralb	ery McCann		injury in any way related	
Ä, "Oʻ	(Address) BOIS		deceased? 120	If so, specify	<b></b>
ب <u>ن</u>	20. FILED 12 - 5 , 193.5	K. Shark	(Signed)		, <b>м</b> . D.
False	av. Z LLILLS, 100bat	Registrar.	(Address		oise

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ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	1
2.7			
	*****	•••••••••••••••••••••••••••••••••••••••	*****************

435-230-014-5-93 PLACE OF BIRTH —In case of more than in order of birth stated. DEPARTMENT OF PUBLIC WELFARE County of Canadan JAN 24 1936 No. Marcu Mas Registration District No. .... (If born in hosnital or institu-Prim. Registration District No. 2006 Local Registrar's No. tion give name.) 2. FULL NAME OF CHILD me melano S. B. 4. Twin, triplet, or other........... 6. Premature Legitiff plural 8. Date of 3. Sex birtha ternal, 5. Number, in order of birth..... Full term mate?. RECORD. 7 9. Full FATHER 18. Full MOTHER name maiden name 10. Residence (usual place of abode) 19. Residence (usual/place of shode) PERMANENT each, and the (If non-resident, give place and State) (If non-resident, give place and State).... 20. Color or race. 21. Age at last birthday 3.9 (years 13. Birthplace (city or place) 22. Birthplace (city or place)..... (State or country) (State or country) 23. Trade, profession, or particular kind 14. Trade, profession, or particular kind of work done, as spinner, of work done, as housekeeper, typist, nurse, clerk, etc. UPATION 24. Industry or business in which 15. Industry or business in which made work was done, as silk mill. work was done, as own home. lawyer's office, silk mill, etc. Cum home sawmill bank etc. Com name 25. Date (month and year) 26. Total time (years) spent last engaged in this work 17. Total time (years) spent ۾ 16. Date (month and year) must in this work 15 - year till engage in this work & - told 27. What prophylactic was used to prevent Ophthalmia Neonatorum? WITH UNFADING Separate Return 28. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living. Q. (b) Born alive but now deed. Q. (c) Stillborn. Q. Before labor... months 29. If stillborn. weeks 20. Cause of stillbirth... o Mountal Digital labor period of gestation ... 4 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE! till born I hereby certify that I attended the birth of this child, who was .... mr. on the date above stated When there was no attending physician / or midwife, then the father, householder, etc. should make this return. Give name added from a supplemental report..... Filed... Registrar. The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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Trade, preferency, or particular ulfa disputed to an interest TURNSTERIOU EN MEST TALY TO TOTAL SA PROTE THE PARTY OF THE PARTY tribut, uprae clark mic. out increased to the representation during the contract of the business of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the 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PLACE OF DEATH DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS County of Carry en CERTIFICATE OF DEATH State File No..... Registration District No..... Primary Registration District No. 2 Local Registrar's No. (If death occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and year) 30 198 ed or Divorced (write the word) 22 I HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) I last saw h....alive on .......... 193.... death is said The principal cause of death and related causes of impor-Months Days if LESS than tance were as follows: 1 day .... hrs. Date of onset or .... min 8. Trade, profession, or particular kind of work dowe, as spinner, sawyer, bookkeeper, etc. . . 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) occupation ...... 12. BIRTHPLACE (city or town). /./ (State or country) 13. NAME Name of operation..... 14. BIRTHPLACE (city or town) / LA What test confirmed diagnosis?.... Was there an autopsy? (State or country) 23. If death was due to exter'l causes (violence) fill in also 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?..... (State or country) (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL, CREMATIO Manner of injury..... , Date 1.0. 5. . l.., 1935. Nature of injury..... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address) of deceased? ..... If so, specify (Address)

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 3 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry of business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, make mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. The lated causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Unte of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	
ADDITIONAL SPACE	TOR FURIT	TER STATEMENTS BY PHYSICIAN	

1. PLACE OF BIRTH County of Kootenal OCT 8 1935 RECENT City of Athol OCT 8 1935 RECENT	DEPARTMENT OF PUBLIC WELFARE 240644  ED CHETIFICATE OF BIRTH  District No. 30  State File No.
(if born in nospital of institu- tion give name.)  Prim. Registr.  S. FULL NAME OF CHILD Keith Cargo	ation District No. 1050 Local Registrer's No. 633
3. Sex   If plural   4. Twin, triplet, or other	Full term mete? Yes (Month, Bay, Tear)
9. Full FATHER  name Barl Cargo  10. Residence (usual place of abode)	18. Full MOTHER maiden name Inex Thompson
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State) Athol
(If non-resident, give place and State)	22. Birthplace (city or place)South DEROTA
	23. Trade, profession, or particular kind
The 10. Industry of pastinger	typist, nurse, clerk, etc. Housewife  24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
last engaged in this work	25. Date (month and year) last engaged in this work 26. Total time (years) spec
27. What prophylactic was used to prevent Ophthalmia N	· · · · · · · · · · · · · · · · · · ·
28. Number of children of this mother (At time of this bird (a) Born alive and not	th and including this child) w living ((b) Born alive but new dead(c) Stillborn
27. What prophylactic was used to prevent Ophrhaimia N 28. Number of children of this mother (At time of this birt (a) Born alive and not  29. If stillborn, months period of gestation or weeks 30. Cause of still	libirth Tell Before labor
29. If stillborn, period of gestation	who with the state above state
When there was no attending physician or midwife, then the father, householder, etc., should make this return.	Signed) Midw
Give name added from a supplemental report	ddress
Registrar.	iled 7-30 - 1925 & a; Xfelen Mi Registrar.

Children and Allicent and the Contract CALLERY MAN AND AND ANY THE REAL PROPERTY. 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PARTY OF THE PARTY OF THE PARTY OF THE PAR A THE RESERVE

PUBLIC WELFARE DO NOT WRITE IN THIS SPACE ATE OF DEATH Registration District No..... Primary Registration District No. 1050 Local Registrar's No. 3.7.6 (If death, occurred in a hospital or institution, give its name instead of street and number) 2. FULL NAME.. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and state)
mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred. yrs. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. Color or Race | 5. Single, Married, Widow. 21. DATE OF DEATH (month, day and year) 8-39 ed or Divorced (write the word) 22 I HEREBY CERTIFY, That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of ....., 198...., to ......, 198.... (or) WIFE of I last saw h....alive on ........... 193...: death is said 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. 7. AGE The principal cause of death and related causes of impor-Years Months If LESS than Days 1 day.... hrs. tance were as follows: Date of onset or .... min. 8. Trade, profession, or particular kind of work done, as spinner, Still Berli sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, erms. saw mill, bank, etc..... 10. Date deceased last work\_ 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME Name of operation...... Date of...... 14. BIRTHPLACE (city or town) .. 'n (State or country) What test confirmed diagnosis?.... Was there an autopsy?... MOTHER 23. If death was due to exter'l causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury... 193. 16. BIRTHPLACE (city or Where did injury occur?..... (State or ca (Specify city or town, county, and state) 17. INFORMANT Specify whether injury occurred in industry, in home, or in (Address) public place. ..... 18. BURIAL. CALEMATION Manner of injury..... Nature of injury... 24. Was disease or injury in any way related to occupation (Address) of deceased?.... (Signed) 20. FILED 5. 3. Registrar. (Address)

## UNITED STATES STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employees," "worker," "operative," etc. Find out the particular kind of work done and return that as spinner, weaver, etc.

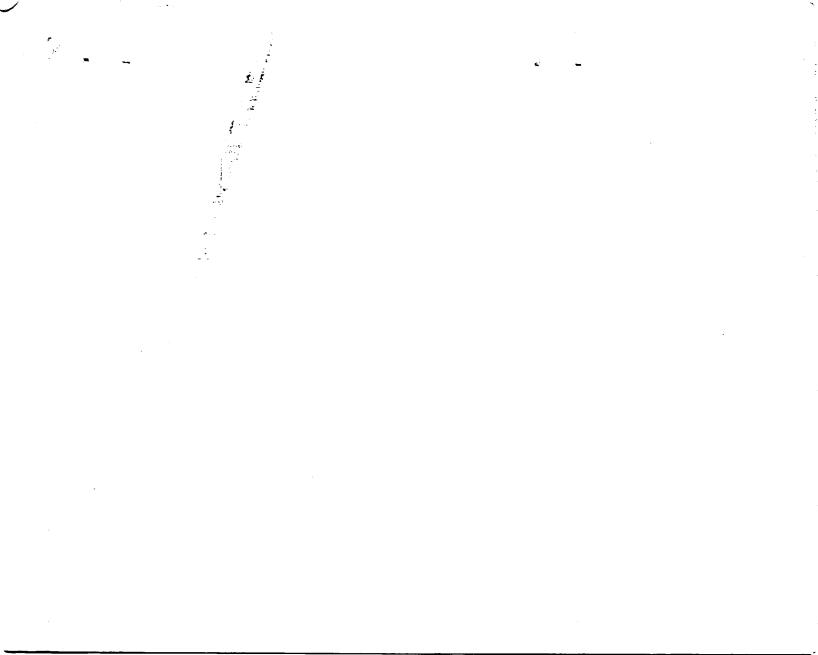
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill. etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

STATEMENT OF CAUSE OF DEATH.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other contributory causes of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	•
	• • • • • • • • • • • • • • • • • • • •	······	

County of Muileka R 11 1936 RECE	TIVER STATE OF IDAHO
	BUREAU OF VITAL STATISTICS
City of Lungert	•
No St.	230.08
	District No State File No
(If born in hospital or institution give name.) Prim. Regis	stration District No. 2015 Hotal Registrar's No. 28
2. FULL NAME OF CHILD George albert	Vernen - Cticken
3. Sex If plural \( \) 4. Twin, triplet, or other 6.	Premature 40 7. Legiti- 8. Date of
	Full term mate? Yes birth Nov 5, 1835  (Month, Day, Year)
9. Full FATHER	18 Full A MOTHER
name Kirkard D. Deaman	maiden ()
10. Residence (usual place of abode)	19. Residence (usual place of abode)
(If non-resident, give place and State) Jupert	(If non-resident, give place and State)
1. Color or race U   12. Age at last birthday 27 (year	20. Color or race 22.   21. Age at last birthday 2.5 (years)
3. Birthplace (city or place) (State or Country)	22. Birthplace (city or place)
	(State or Country)
14. Trade, profession, or particular	23. Trade, profession, or particular kind
kind of work done, as spinner, sawyer, bookkeeper, etc.	of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which	E 24. Industry or business in which
work was done, as silk mill, sawmill, bank, etc.	work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year)	Slow Pote (county of toward)
last engaged in this work 17. Total time (years) spent	last engaged in this work 26. Total time (years) spent
in this work	.   in this work
27. What prophylactic was used to prevent Ophthalmia Neon	natorum? ag Nog 190
28. Number of children of this mother (At time of this birt	th and including this child)
(a) Born alive and no	ow living (b) Born alive but now dead (c) Stillborn (
29. If stillborn, months period of gestation? Months or weeks	30. Cause of Stillbirth Language During labor.
period of gestation 1. [1] SYUND or weeks	Before labor Life
CERTIFICATE OF ATTENDIN	NG PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who w	yes 0 to the date above stated
When there was no attending physician	(Born Aliva of Millborn)
or midwife, then the father, householder, etc., }	(Signed) (Signed), M. D.
should make this return.  Give name added from	or, Midwife
a supplemental report	Address Kupert
(Date of)	Filed 3 9 1936 Q X 20 1936
Registrar.	Registrar.



STATE OF IDAHO DO NOT WRITE IN THIS SPACE PLACE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No..... Registration District No ... pary Registration District No.2 RECORD (If death occurred in a hospital or institution, gife its name instead of street and number) 2. FULL NAME .... (a) Residence. No. (Usual place of abode) (If nonresident give city or town and state) Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S., if of foreign birth? yrs, mos. ds. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. Color or Race | 5. Single, Married, Widow-21. DATE OF DEATH (month, day and years) HEREBY CERTIFY. That I attended deceased from 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of tast saw harralive on ........... 193...: death is said 6. DATE OF BIRTH (month, day, and year to have occurred on the date stated above, at ......m. The principal cause of death and related causes of impor-7. AGE If LESS than Months Days tance were as follows: 1 day,... hrs. or .... min. 8. Trade, profession, or particular kind of work done, as spinner. sawyer, bookkeeper, etc...... 9. Industry or business in which work was done, as silk mill. saw mill, bank, etc..... 10. Date deceased last work. 11. Total time (years) ed at this occupation spent in this Other contributory causes of importance: (mo. and yr.) ..... occupation ..... 12. BIRTHPLACE (city or tow (State or country) Date of ..... Name of operation... 14. BIRTHPLACE (city or town) What test confirmed diagnosis? . Was there an autopsy?... (State or country) 23. If death was due to exter'l causes (violence) fill in also DE 15. MAIDEN NAME the following: Accident, suicide, or homicide?..... Date of injury.., 193. 16. BIRTHPLACE (city or town) Where did injury occur?.... ō (State or country) (Specify city or town, county, and state) Specify whether injury occurred in industry, in home, or in 17. INFORMANT (Address) public place. ..... 18. BURIAL, CREMATION OR REMOVAL Manner of injury..... Date 20.2/. 6. 190. Nature of injury... 24. Was disease or injury in any way related to occupation 19. UNDERTAKER (Address)

## UNITED STATES-STANDARD CERTIFICATE OF DEATH

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Ouestion 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who has no occupation whatever write none.

To be complete, an occupation return must state:

EVAMBLE

8.—The trade, profession, or particular kind of work done.

9.—The industry of business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

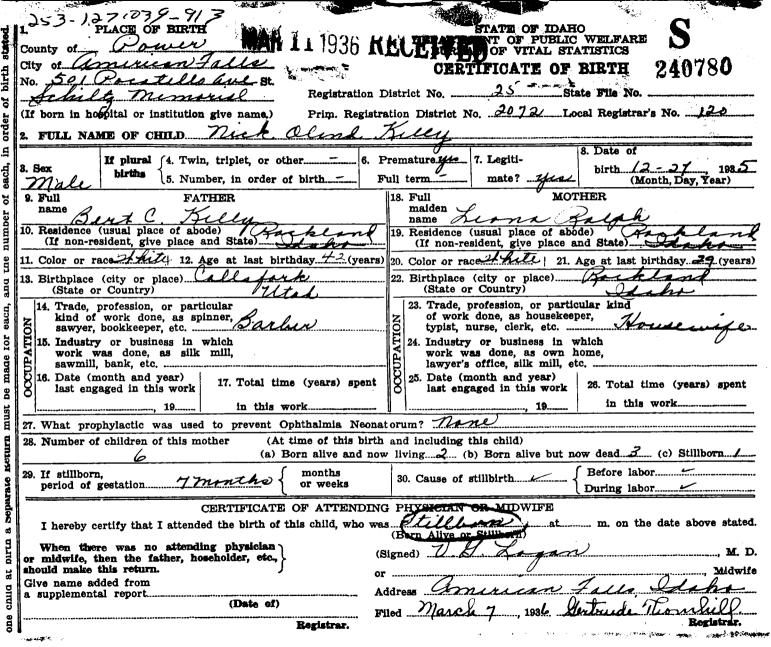
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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EXAMPLE I		EXAMPLE II	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other CONTRIBUTORY CAUSES of importance: Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURT	HER STATEMENTS BY PHYSICIAN	





MARGIN RESERVED FOR BINDING

MAR 11 1936 F	DEPARTMENT OF PUB	LIC WELFARE	DO NOT WRITE IN	
County of Power	PUREAU OF VITM		T .	7625
City of American Falls	CHARTICATE	T DEATH	State File No	
	Registration District No	<del></del>		
	Primary Registration Distric	t No. 2012	Local Registrar's No	48
	(No. Schiltz Mem	orial Hospii	tal ,	1
(If death occurred	in a hospital or institution, g	ive its name instead	of street and number)	~06
2. FULL NAME Nick C			use-car-cose-	
(a) Residence. No. ROC (Usual place of abode)	kland, Idaho.		.st	
Length of residence in city or town	where death occurred. yrs.	mos. ds. How long	sident give city or town in U.S., if of foreign birth	? yrs. mos. ds
PERSONAL AND STATIS	TICAL PARTICULARS	MEDIC	AL CERTIFICATE OF D	EATH
3. SEX 4. Color or Rac	e 5. Single, Married, Widow- ed or Divorced (write the	21 DATE OF DE	ATH (month, day and ye	er) 2-27-193
Male White	word) Single		ERTIFY, That I attende	
5a. If married, widowed, or div HUSBAND of	orced		., 1935, to1227	
(or) WIFE of			stillborn 193	
6. DATE OF BIRTH (month de December 27 1935	ly, and year)	21	on the date stated above	
7. AGE Years   Months	Days   If LESS than	The principal cau	se of death and related	
StillBorn	1 day, hrs	P1	Ioliows:	Date of onset
8. Trade, profession, or partic	nlar -	Prematu	ire	
kind of work done, as an sawyer, bookkeeper, etc.				
9. Industry or business in w work was done, as silk m	hich III.			
Saw mill, bank, etc	11 Total time (years)			
ed at this occupation (mo. and yr.)	spent in this .	Other contribut	ory causes of importance	:
· · · · · · · · · · · · · · · · ·	<u> </u>			
12. BIRTHPLACE (city or tow. (State or country) IC	n)American.Falls	. Stillbo	orn	
13. NAME Bert C. Ke	elly			<u> </u>
		Name of operation	n	. Date of
(State or country)	own)Callsfork; Uta	.	ed diagnosis? Was th	
15. MAIDEN NAME Leons	a Ralph	the following:	due to exter'l causes (vic	
16. BIRTHPLACE (city or t	own) Rockland.	Accident, suicide,	or homicide? Dat	e of injury, 193
(State or country) Ic	9. / / //		y occur? pecify city or town, coun	ty, and state)
17. INFORMANT . Julie.	- Pelly	11 -	injury occurred in <b>indus</b> t	
(Address) Rockland		ii		
Place Rockland	Date,, 193	11	y	
19 UNDERTAKER A	Davis		or injury in any way rela	
(Address)	The of Bloke	of deceased?	W/T The same of	
20. FILED. Mar. 1.7., 1936	Gestrude Thombull.	(Signed)	American Fell	i, Idaho D
1	Registrar.	(Address)		

## UNITED STATES STANDARD CERTIFICATE OF DEATH

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EVAMBLE II

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Other CONTRIBUTORY CAUSES of importance:  Gallstones	May 1, 1923	Other CONTRIBUTORY CAUSES of importance:  Gastroenteritis	1 year
ADDITIONAL SPACE	FOR FURTH	HER STATEMENTS BY PHYSICIAN	

To 1. Place of Birth County of County of City of City of Certificate of Birth No.  St. Pagistration District No. 52  State File No.	S		
CERTIFICATE OF BIRTH  No	5		
Cif born in hospital or institution give name.)   Prim. Registration District No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrar's No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No.   Local Registrary No			
2. FULL NAME OF CHILD.			
3. Kex births 5. Number, in order of birth Full tring galaximate? 48. Date of birth (Month, Day, Yes	19 <b>3</b> 2		
9. Full rame  10. Residence (usual place of abode) (If non-resident, give place and State)  11. Residence (usual place and State)  (If non-resident, give place and State)  (If non-resident, give place and State)			
10. Residence (usual place of abode) (If non-resident, give place and State)  10. Residence (usual place of abode) (If non-resident, give place and State) (If non-resident, give place and State)	~		
11. Color or race 12. Age at last birthday 22. Color or race 21. Age at last birthday 3.2	(years)		
13. Birthplace (city or place) 22. Birthplace (city or place) (State or Country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.  24. Industry or business in which	uf.		
kind of work done, as spinner, which sawyer, bookkeeper, etc.  5. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  6. Date (month and year)  7. Total time (years) spent  8. Date (month and year)  9. Date (month and year)  10. Date (month and year)  11. Total time (years) spent			
	spent		
H 27 What prophylactic was used to prevent Ophthalmia Neonstorum?			
27. What prophylactic was used to prevent Ophthalmia Neonatorum?			
(a) Born alive and now living			
29. If stillborn, period of gestation.  CERTIFICATE OF ATTENDING PHYSICIAN AND WIFE  CONTROL OF ATTENDING PHYSICIAN AND WIFE			
I hereby certify that I attended the birth of this child, who was			
or midwife, then the father, householder, etc., (Signed)			
Give name added from	Midwife		
a supplemental report			
(Date of)  Filed I2-I-I935, 193  Registrar.  Filed I2-I-I935	trar.		



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DING INK—THIS IS A PERMANENT RECORD. N. B TURN must be made for each, and the number of each, in ord	2. FUIL NAME OF CHILD  3. Sex  If plural 4. Twin, triplet, or other  9. Full  10. Residence (usual place of abode) (If non-resident, give place and State)  11. Color or race (city or place)  12. Age at last birthday 2 C (years)  13. Birthplace (city or place) (State or country)  14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.  16. Date (month and year) last engaged in this work  17. Total time (years)  27. Number of children of this mother	18. Full MOTHER maiden name Suthar MOTHER  19. Residence (usual place of abode) (If non-resident, give place and state) Market Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar Suthar S
H UINFADING	(At time of this birth and including this child) (a) Born alive and not 28 If stillborn (months	Before labor During labor
WRITE PLAINLY WITH one child at birth, a SEPA	(etc., should make this return. ) Give name added from or	Igned)

